



**Advice, Support, Safety & Information
Services Together (ASSIST):
The Benefits of Providing Assistance
to Victims of Domestic Abuse in Glasgow**

Final Evaluation Report

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Finally, I would like to extend my sincere appreciation to the women and children who allowed their experiences to be used in this report.

Any errors or omissions present in this report are the responsibility of the author alone.

I would like to dedicate this report to my daughter, Bronwen Rose. She accompanied me on my first trip to Glasgow to learn about the ASSIST project, in utero. Now approaching her 2nd birthday, she has provided an ever-present reminder of the importance of keeping people safe in their own homes.

Final Evaluation Report of ASSIST

Executive Summary

Key Findings

1. Effective multi-agency coordination results in the majority of victims in the pilot area consenting to be referred to ASSIST. ASSIST has taken more than 1300 referrals to date, and this equates to about 14 new referrals each week.
2. There is a very good level of service provision for victims of domestic abuse who live in the pilot area of Glasgow. For example, victims are risk assessed and receive a range of services in a 'one-stop-shop' style, there is an enhanced multi-agency response provided to very high-risk victims (MAAPs), and advocacy provided to children. However respondents were very concerned about the level of service provided to victims living *outside* of the pilot area. Of course this is an issue that can only be resolved by rolling out the DAC and ASSIST to other divisions in Glasgow.
3. Analysis of the risk assessment data revealed that the three most frequently occurring risk factors were (1) that the partner/ex behaves in a very jealous or controlling way (77%), (2) that there was a relationship separation either impending or on-going (72%), and (3) that the abuse has become worse or is happening more often (61%). These findings are consistent with existing research.
4. There was not a match between the total risk score and the risk category in every case. This is a positive finding indicating that advocates at ASSIST use their training, experience, and judgement to determine a victim's level of risk, rather than simply summing the tick boxes on a risk assessment form.
5. For the majority of victims, the support provided by ASSIST improved their safety and well-being. Specifically, 71% reported no further physical abuse and 72% did not experience any emotional re-victimisation. More than half of victims responded that their quality-of-life was much better.
6. Victims' intuition and fear about being subjected to further abuse significantly increased the likelihood of experiencing further abuse at a later date. This reinforces the viewpoint that taking a more victim-centred approach to criminal justice is vital.
7. Victims were extremely positive about the services they received at ASSIST. In particular, they valued the individual attention paid to them, kind and helpful contact from ASSIST staff, and timely information about the court process.
8. Multi-Agency Action Planning (MAAP) were introduced as part of the pilot in November 2005 and those participating have noted their positive features in terms of improving safety for the most vulnerable victims. The workload implications of the MAAPs warrant scrutiny to ensure their long-term sustainability.
9. Information about the Children and Young Person's Advocacy Worker (CYPAW) revealed the challenges of separating the advocacy provided to children from that of their mothers. Reports from the children referred, as well as their mothers, about the CYPAW's services were overwhelmingly positive. Attending sessions with the CYPAW was linked to children's improved well-being and school performance.
10. Respondents had overwhelmingly positive opinions about the strength of multi-agency working in Glasgow. Whilst some respondents felt that less has been accomplished strategically than operationally, it is clear that the contribution made by ASSIST in Glasgow's multi-agency response to domestic abuse is very highly valued.

Recommendations

1. Consistent service provision across Glasgow. It cannot be stated strongly enough how much support there was for the roll-out of the pilot project across Glasgow. The work done at ASSIST was unanimously praised as making a difference to victims of domestic abuse and their children. Furthermore, the introduction of ASSIST in Glasgow has changed the working practices of key agencies for the better, and provided practical assistance that is valuable to other agencies. Respondents across both the voluntary sector and the criminal justice system reported dissatisfaction with the 'post-code lottery' whereby only victims living in one part of the city receive the enhanced response via ASSIST and the DAC.
2. Additional resources for post-court support. The remit of ASSIST is limited to supporting women through the court process. Whilst many agreed that this more narrow definition was helpful during the initial stages of the pilot, over time there has come to be dissatisfaction with the amount of support able to be provided to women after the conclusion of the DAC case. This issue has two dimensions, both influenced by the availability of resources. One is to expand the service provision made at ASSIST. The other is to expand the support available to women across the city. Respondents were very concerned about this, as the need will only increase over the longer-term as more referrals come into ASSIST. Consideration needs to be given to expanding other services in Glasgow so that ASSIST can more fully realize the 'ST' in its service provision. However, the post-court support provided by ASSIST must be sufficient so that there is continuity in the service provided to victims. With a planned handover by ASSIST it would be less likely that victims might 'fall through the gap' moving from one service to another.
3. Long-term strategic direction. The role of the MAAG and how it interacts with both ASSIST and the DAC in terms of providing strategic direction and guidance needs to be more fully considered. There were some problems with initial role of the MAAG which appear to be addressed; however, now there needs to be a future-oriented discussion of the possibility of rolling out the pilot across Glasgow and Scotland and what strategies should be in place to ensure any expanded efforts are similarly successful. Furthermore, the almost exclusive focus on the ASSIST/DAC pilot equates to a view of criminal justice being the primary or dominant intervention that can make a difference in the lives of victims, offenders, and their children. Some respondents warned that not enough attention was being paid to prevention, education and responses that meet the other needs of victims (e.g., health, skills, housing, etc.), or the links between domestic abuse and other forms of violence. These are all issues that require further strategic direction.

Advice, Support, Safety & Information Services Together (ASSIST):

1. Introduction

The Scottish Criminal Justice Policy Context

Scotland has its own law and legal system, which has been developing on its own distinct course from that of England and Wales since 1707. Scotland's legal system is based on common law rather than deriving from legislation, and therefore in theory is more flexible than codified systems (e.g., in England and Wales) (Young, 1997). Other notable differences include a juvenile justice system with a clear welfare emphasis (and which is separate from the criminal justice system), the lack of a separate probation service (social work services for criminal justice being organized differently) and myriad policies and procedures that make the prison and police services different from those in England and Wales. The entire criminal justice apparatus is under the purview of the Scottish Executive rather than the Home Office. Therefore there is much about the Scottish criminal justice policy context that may be seen as unique. However its contemporary response to domestic abuse must be seen as similar to those that have developed in recent years in England and Wales, Ireland, Australia and the USA. This section seeks to introduce the reader to the particular policy context in Scotland which has shaped the emergence of local initiatives, such as ASSIST and the pilot Domestic Abuse Court in Glasgow.

The Scottish Partnership on Domestic Abuse was established in November 1998, following the recognition of the need to develop a coherent response to domestic abuse in Scotland. Its members represented the Scottish Executive, local authorities, the police, the judiciary, the Health Service, the Prison Service and voluntary organisations. Its remit was to recommend minimum levels of service provision for those experiencing domestic abuse in order to encourage consistent service delivery throughout Scotland. It was to give particular regard to the needs of women from rural areas, ethnic minority communities and people with disabilities, and also take account of the impact of domestic abuse on children and young people. A key task of the Partnership was to develop a national strategy to address domestic abuse in Scotland. The Partnership's document entitled *Domestic Abuse: National Strategy for Scotland* was endorsed and published by the Scottish Executive in November 2000. The strategy sets out three aims:

- *Prevention*: active prevention of domestic abuse of both women and children.
- *Protection*: appropriate legal protection for women and children who experience domestic abuse; and
- *Provision*: adequate provision of support services for women and children.

This three-pronged approach was subsequently used in the UK national strategy for domestic violence, published in *Safety and Justice* (2003) by the Home Office.

Following publication of the national strategy, a National Group to Address Domestic Abuse in Scotland was established in June 2001 in order to:

- Oversee the implementation of the national strategy
- Identify and disseminate good practice
- Identify key issues and develop a common national response
- Provide advice in relation to monitoring data and the identification of the research required
- Establish and oversee a structure of specific issue-based groups and local multi-agency groups working with a coherent framework
- Review and monitor progress
- Consider links between domestic abuse and other forms of violence against women

To accomplish these tasks, the National Group set up four working groups to look at specific issues: legislation and legal issues; refuge provision; prevention; and training. These working groups have produced the Refuge Development Programme (£10 million to expand refuge provision across Scotland), *Preventing Domestic Abuse: A National Strategy* (2003) and the *Domestic Abuse National Training Strategy* (2004). The Legal Issues working group produced a report that was endorsed by the National Group in 2002, which recommended simplifying the court process for domestic abuse cases and to study the feasibility of setting up a specialist domestic abuse court. At this point in time there was only one

specialist domestic violence court in the UK (in Leeds from 1999), although four more had begun working by early 2003 (in Cardiff, West London, Wolverhampton and Derby). Specialist domestic violence courts have operated in the US and parts of Canada since the early 1980s.

In the past several years, the Scottish Executive has worked to take forward the recommendations of the National Group. The Executive also operates a Domestic Abuse Service Development Fund which provides £1.5 million per year match funding for projects which improve service delivery at the local level. This fund has been available since 2000 and has supported local projects on outreach work, multi-agency development work, work with children, training, work in rural areas, preventative work through schools, support work in refuges and partner support work.

To help achieve the aims of the national strategy and to provide consistent support across Scotland, a national domestic abuse helpline was launched in June 2000 and made available during daytime hours in the week. As of July 2004 the Scottish helpline is available around the clock seven days a week. This mirrors the government-sponsored provision made available to people experiencing domestic abuse in England and Wales, as well as the USA.

Legislative changes also have been underway in Scotland in recent years. In February 2002 the *Protection from Abuse (Scotland) Act 2001* came into force. This Act provides for a power of arrest to be attached to any common law interdict which has been granted for the purpose of protecting someone from abuse by another person. There are no requirements to prove any sort of relationship between the parties, nor are there any connections with occupancy rights, as with the *Matrimonial Homes (Family Protection) (Scotland) Act 1981*. Anyone in need of a power of arrest can therefore now apply to the court to have one attached to an interdict. The Act therefore greatly extends the legal protection available to those experiencing abuse.

Measures to strengthen the protection for victims of stalking and harassment were announced in 2002. Furthermore a statutory power of arrest for breach of non-harassment orders was introduced through the *Criminal Justice (Scotland) Bill 2003*. The statutory power of arrest is an automatic power of arrest which enables the police to act immediately to stop any further harassment taking place. A similar expansion of police powers in cases of domestic violence was provided in the *Domestic Violence, Crime and Victims Act*, the most comprehensive overhaul of domestic violence legislation in England and Wales in 30 years, which received Royal Assent on 15 November 2004.

In 2002 changes to the *Sexual Offences (Procedure & Evidence) (Scotland) Act 2002* provide restrictions on the extent to which evidence can be led regarding the character or sexual history of the victim, among other measures designed to make the criminal justice process less onerous for victims of sexual assault.

Finally, the new *Family Law (Scotland) Act 2006* includes several new provisions that will afford greater protection to women and children. For example, it extends the protection currently given by interdicts available under the *Matrimonial Homes (Family Protection) (Scotland) Act 1981*. Additionally, it includes new rights for couples living together, reduces the separation periods in force before a couple can divorce, and abolishes 'common law marriages'.

In conclusion, all of these legislative changes are indicative of a greater awareness of the impact of domestic abuse on women and children's lives. It can be seen that despite the unique features of the Scottish legal system, recent initiatives to address domestic abuse in Scotland are in line with those legislative and policy changes found in other progressive responses to domestic violence and abuse around the world. Scotland's size, relative autonomy with regard to criminal justice and the law, and particular policy context perhaps make it more conducive to achieving a comprehensive, coordinated approach to domestic abuse that can include direction on both operational and strategic fronts.

The Response to Domestic Abuse in Glasgow

Domestic abuse, rather than domestic violence, is the preferred term in Scotland, as it draws attention to the fact that abuse might (and often does) include more than physical assaults. The following definition has been agreed by the Scottish Executive:

Domestic abuse (as gender-based abuse), can be perpetrated by partners or ex-partners and can include physical abuse (assault and physical attack involving a range of behaviour), sexual abuse (acts which degrade and humiliate women and are perpetrated against their will, including rape) and mental and emotional abuse (such as threats, verbal abuse, racial abuse, withholding money and other types of controlling behaviour such as isolation from family or friends).

Although the focus of this report is on ASSIST, many agencies in Glasgow contribute to the coordinated response provided to victims of domestic abuse. The agencies participating in the implementation of the pilot are briefly described in the sections below.

Criminal Justice and Statutory Agencies

Domestic Abuse Court

The National Group to Address Domestic Abuse in Scotland, which became the National Group to Address Violence Against Women¹, set up a number of working groups to consider how domestic abuse and subsequently the wider VAW agenda should be progressed in Scotland. The Legal Issues Group discussed specialist domestic abuse courts in use in other parts of the UK and beyond and the possibility of establishing a national pilot.

In recognition of the prevalence and seriousness of domestic abuse, and the possibilities a specialist court could offer, the Sheriff Principal of Glasgow and Strathkelvin and other members of the judiciary in Glasgow established a steering group, comprising agencies of the court, including the Crown Office and Procurator Fiscal Services (COPFS), Strathclyde Police and others such as Social Work Services and The Women's Support Project to explore the piloting of a specialist Domestic Abuse Court (DAC) in Glasgow. A smaller Implementation Group was also formed to consider how the court would operate in practice.

The Glasgow Violence Against Women Partnership subsequently called a meeting of voluntary sector agencies in Glasgow working on the issue of violence against women to discuss the possibility of a specialist court in Glasgow and what it would mean for support services. From that group a small working group comprising Social Work Services, the Women's Support Project, Greater Easterhouse Women's Aid, Glasgow Women's Aid, Scottish Women's Aid, and Strathclyde Police convened by The Glasgow Violence Against Women Partnership met to progress what kind of support service would be required. This small group became the ASSIST Implementation Group, which eventually became the MAAG (Multi-Agency Advisory Group). More information about the MAAG can be found in Chapter 7.

Evidence from existing courts elsewhere in the UK indicated that such courts have enabled the development of best practice in multi-agency, integrated working which places the victim/survivor at the heart of the process.²

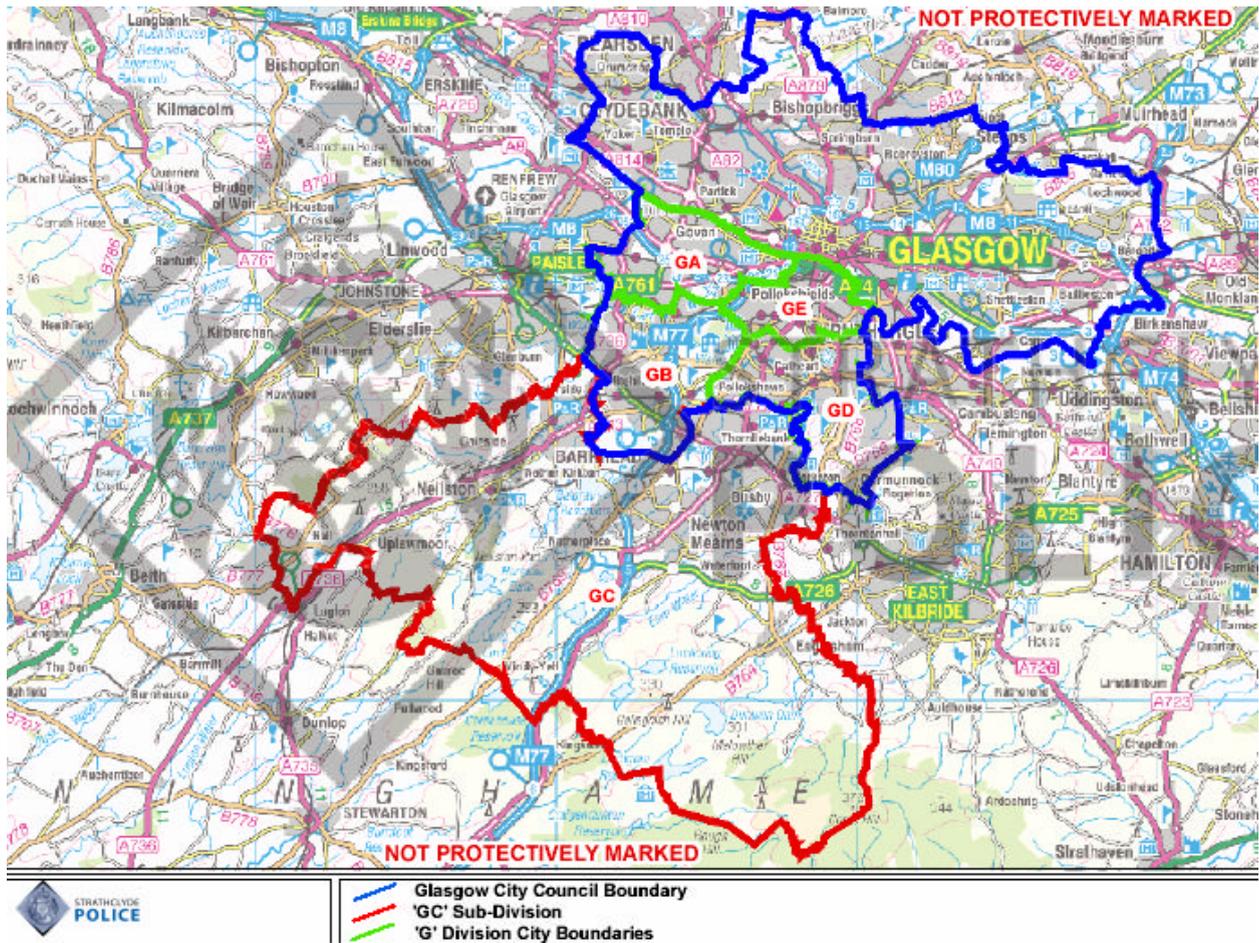
As a result of the activities in these working groups, a pilot specialist Domestic Abuse Court in Glasgow was established to deal with the majority of domestic abuse incidents reported to Strathclyde Police G Division (see next section). Figure 1 shows the DAC/ASSIST pilot area. The areas in Glasgow covered by the pilot are Castlemilk, Govanhill, Greater Govan, Shieldhall, Greater Pollok and Gorbals – parts of Glasgow that fall south of the River Clyde (see Figure 1 below). These communities are located in four of the five sub-divisions of G Division (also referred to as Glasgow South and East Renfrewshire Division) of the Strathclyde Police (GA, GE, GB and GD – noted with green and blue boundary lines on the map). GC Division is located within East Renfrewshire and this area was excluded as offenders are dealt with by Renfrewshire Sheriffdom (red boundary on the map).

¹ In 2002 the National Group decided that it was time to widen its focus to look at the links with other forms of violence against women and therefore changed its title to the National Group to Address Violence Against Women.

² See Cook, D., Burton, M., Robinson, A. and Vallyely, C. (2004), Evaluation of Specialist Domestic Violence Courts/Fast Track Systems. London, CPS/DCA/CJS Race Unit. Available at:

<http://www.cps.gov.uk/publications/docs/specialistdvcourts.pdf>. Also, Vallyely, C., Robinson, A. L., Burton, M., & Tregidga, J. (2005). *Evaluation of Domestic Violence Pilot Sites at Caerphilly (Gwent) and Croydon*. London: Crown Prosecution Service. Available at: <http://www.cps.gov.uk/publications/docs/dvpilotsites0405.pdf>

Figure 1: The Pilot Area



The DAC is a Sheriff Court dealing with summary offences (see Table 1 below). It is a full-time court that sits Monday through Friday and is staffed by a Sheriff Clerk, a dedicated Procurator Fiscal Depute, and four Sheriffs, whom also sit in the civil courts dealing with family issues such as contact and residency.

Table 1: The Scottish Court System

Type of Court	District Court	Sheriff Court		High Court
Type of Trial	Summary	Summary	Solemn	Solemn
Type of Judge	Justice of the Peace or Magistrate ³	Sheriff	Sheriff	Judge
Type of Counsel	Procurator Fiscal	Procurator Fiscal	Procurator Fiscal	Crown Counsel
Jury	No	No	Yes	Yes
Types of Offences	Breaches of the peace, minor assaults	Less serious	More serious	Murder, rape and treason (and appeals)
Sentencing Powers	Maximum fine £2,500	Maximum fine £5,000	Maximum fine Unlimited	Maximum fine Unlimited

³ In Glasgow, due to the volume of work, salaried stipendiary magistrates sit in the District Court. They have the same sentencing powers as a summary sheriff.

	Maximum prison sentence 60 days.	Maximum prison sentence 3 ⁴ months	Maximum prison sentence 3 years (Or pass to High Court for more)	Maximum prison Unlimited
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From October 2004, all alleged incidents of domestic abuse reported to the police and amounting to criminal conduct are brought before the DAC. Aims of the DAC include disposing of cases with minimum delay while also recognizing the safety and support needs of victims and dependent children. It was therefore recognized that a specialist support agency would need to provide assistance to victims whose cases were being heard in the DAC. Thus, ASSIST was established to provide these services to victims. Before introducing ASSIST, it is necessary to provide some details about the 'gatekeepers' to both the DAC and ASSIST – the police.

Strathclyde Police

Strathclyde Police is Scotland's largest police force, and one of the biggest in the UK, employing 7,500 police officers and 3,000 support staff. The Force provides policing services to 2.3 million people on behalf of 12 local authorities. There are nine territorial divisions within Strathclyde Police, each headed by a divisional commander. Glasgow is covered by four divisions (A – West, C – North, E – East, G – South).

G division provides policing services to a population of 320,000 across 111 square miles. G Division is the largest in Scotland – and larger than many Scottish forces. Glasgow Sheriff Court (home to the DAC), reputedly the busiest in Europe, and Glasgow Central Mosque, the largest in Europe, are located within the Gorbals sub-division of G Division.

The Force's Domestic Abuse Policy (revised in November 2004) states that "Strathclyde Police is committed to providing a professional, sensitive and consistent approach to victims of domestic abuse". It states commitment to the following principles:

- Where sufficiency of evidence exists in law, to arrest the offender.
- Provision of support and information and the referral of the victim to a support agency.
- Continued contact with the victim as appropriate to individual circumstances.
- Partnership working with both criminal justice agencies and other statutory and voluntary sector services to provide better outcomes for victims and their families.

In August 2003, in recognition of the importance of family protection issues, Strathclyde Police Force Executive appointed a Detective Superintendent to the post of Force Family Protection Coordinator. The Family Protection Policy Unit, headed by a Detective Chief Inspector and comprising three Detective Sergeants and administration support provides assistance to the Force Family Protection Coordinator. At a divisional level the Divisional Detective Chief Inspector has responsibility for the Family Protection Unit (FPU). The Unit is headed by a Detective Inspector and usually two Detective Sergeants have responsibility for the day-to-day operations of the three disciplines (Female and Child Unit, Offender Assessment Unit, and Domestic Abuse Unit).

As a result of this arrangement, each of the nine divisions of the Strathclyde Police has a Domestic Abuse Unit. The DAU serving the pilot area has two full-time and two part-time officers (known as Domestic Abuse Officers or DAOs). These officers have received enhanced training in the form of a 1-week long specialist domestic abuse course provided at the Scottish Police College.

The Vulnerable Persons Database, which was implemented in 2002, is a specially designed database is unique to the Strathclyde Police and includes data on incidents of domestic abuse, homophobic and racist incidents (child protection is not included). The design of the database seems to be unique because it is linked to the command and control system. Therefore when a 'code 40' (domestic abuse incident) comes

⁴ This can be increased to 6 months where a person is convicted of a second or subsequent offence of dishonesty or personal violence.

in to the call centre, the computer automatically generates a skeleton VP record. This means that police recording practices in Glasgow are stringent because police cannot avoid making a report when it comes to the types of incidents covered by the VPD. Yearly figures show annual increases, meaning the reporting and recording practices seem to be improving.

An important difference to note in the policing of domestic violence in Scotland (in contrast to England and Wales) is the issue of corroborative evidence. The Scottish legal system requires corroborative evidence in criminal cases. For example, the word of the victim alone would not suffice to bring a case to court. Therefore additional evidence that corroborates the victim's story is essential for a successful court disposal. Consequently, it seems that police approach incidents with more of a view to collecting evidence other than from the victim alone, rather than seeing other forms of evidence as 'enhanced evidence' (the police response to domestic abuse is discussed further in Chapter 4).

An *Aide Memoire* was developed to assist officers responding to domestic abuse incidents in the pilot area (see Appendix A). The pocket-sized booklet provides practical advice to guide officers towards providing a consistent and effective response at the scene, for example:

- Attend all Domestic Abuse incidents without delay
- Ensure the safety of the victim, the family and any other person present
- ALWAYS separate the parties involved
- Conduct a check to ensure the welfare of any children

It provides a checklist of investigative actions that might provide corroborative evidence and instructs officers explicitly that they should make arrests when there is sufficient corroborative evidence, even if the victim is not willing to make a complaint against the perpetrator. It goes on to state:

Take the responsibility away from the victim and tell both parties that it is YOUR DECISION to make the arrest.

Relevant legislation and information about their duties to protect children are also included. Importantly, the *Aide Memoire* provides officers with information about ASSIST and how to refer victims. Officers are instructed that they must gain the victim's consent before making the referral, using the following wording:

"I am going to refer you to ASSIST, a dedicated support service, which has been introduced as part of the Domestic Abuse Court in Glasgow. ASSIST will provide you with information, advice and support suited to your needs and may share information with other statutory and voluntary organizations. Do you give your consent for this referral to be made?"

Because victims must give their explicit consent, it is notable that throughout the pilot an overwhelming majority of victims have been referred to ASSIST (more detail is given about referrals to ASSIST in Chapter 4).

ASSIST

ASSIST is a support service for partners and ex-partners of those brought before the DAC. ASSIST provides information, support and advocacy to adults (both female and male) who are survivors of domestic abuse. The services provided by ASSIST are offered from the point of initial referral by the police, to the end of the court proceedings. Short-term, post court disposal support is also provided. ASSIST staff are generally available between the hours of 9am and 5pm, Monday to Friday. An on-call service is available at weekends. Women and men whose partners or ex-partners are involved in the DAC receive support tailored to their individual needs and circumstances, although workload pressures and resource issues have affected what can be provided in practice. The service provides crisis support and information; support and advocacy throughout the court process and short-term post disposal support to facilitate access to other services (such as drug or alcohol counselling, therapy, housing, etc). More detailed information about the services provided by ASSIST can be found in Chapter 3.

Two other agencies that provide advice and support to victims of crime are discussed in the next sections (VIA and VSS). Because several agencies are involved in the provision of information and support to

victims of crime in Glasgow, the working relationships between them and referral routes are also described in this chapter.

Victim Information and Advice

Victim Information and Advice (VIA) is part of the Crown Office and Procurator Fiscal Service (COPFS), and offers a service to certain victims, witnesses and also, in cases of sudden, unexpected or crime-related deaths, the next of kin. VIA staff are not prosecutors. They provide a dedicated service that helps victims, witnesses and bereaved next of kin through the criminal justice process by keeping them informed of key events and offering explanations where appropriate. It is hoped that by providing this information and support they can increase people's understanding of the justice system as it applies to their particular cases. Therefore the role of VIA is to provide case-specific information to victims and witnesses.

VIA offices are based within local Procurator Fiscal Offices. Thus, in Glasgow there is one VIA office covering the city, split into police divisions. Their remit normally includes the following cases:

- Domestic abuse
- Racist crime
- Sexual offences
- Child victims and witnesses
- Crimes where any trial is likely to involve a jury
- Cases where there are deaths which may involve criminal proceedings
- Cases with vulnerable witnesses or victims

With the introduction of ASSIST in Glasgow, there was a need for both agencies to begin to liaise on a daily basis. The protocol agreed by both agencies is provided in Appendix B. ASSIST contacts VIA before 1.00pm daily with the names of referrals received, up-to-date contact details, what contact has been made and the victim's level of risk. Initially ASSIST only provided court results to victims in certain cases (such as when the victim was at particularly high risk, was experiencing a high level of fear, needed to move fast if there was an unexpected outcome, or if a significant level of rapport had been established between the victim and the ASSIST advocate); therefore VIA was the default information provider to all other victims. Over the course of the pilot it has proved more efficient to have ASSIST provide the qualitative information to victims about defendants' pleas, bail conditions and to link this information to the Risk Assessment and safety planning being carried out with the victim (because an advocate sits in court on a daily basis). However, VIA still contacts all victims to provide detailed information about the court case and the victim's responsibility as a witness, etc. Furthermore, since ASSIST only provides service to a proportion of domestic abuse victims in Glasgow (i.e., those covered by the pilot and who accept the referral to ASSIST), VIA is the primary form of support for those victims not included in the remit of ASSIST.

Social Work Services

In Scotland, social work plays a role in every stage of criminal justice. Social workers provide a number of services to the courts, including reports on offenders' backgrounds and family circumstances before sentence is passed, working with offenders in prison (particularly as they approach release) and supervising offenders in the community. There are 32 local authorities in Scotland that provide criminal justice social work (CJSW), which is fully funded by the Scottish Executive. One key example in terms of this study of CJSW is the CHANGE programme.

The establishment of CHANGE in 1989 represented the outcome of several years' efforts by a steering group comprising academics, activists and other interested individuals committed to piloting a scheme working with violent men that took its model from best practice available elsewhere. In particular there was concern that the work should be placed in a criminal justice context and that it be informed by, and accountable to, women. The central aim of CHANGE is to provide a criminal-justice based re-education programme for men convicted of offences involving violence towards their wives or female partners. The programme aims to complement the work of Women's Aid and others by challenging men to take responsibility for their violence and offering them an opportunity to change their violent and abusive ways.

The findings of a three year Scottish Office and Home Office sponsored study into the effectiveness of perpetrator programmes (including CHANGE) are published as a research report (Dobash, Dobash, Cavanagh & Lewis, 1996). The research found reductions in men's use of violence and associated controlling behaviour as well as improvements the quality of life for the women partners.

CHANGE is a cognitive-behavioural court-mandated group programme that held its first group in 1990. The programme lasts 6-months (28 modules of 2.5 hours each) and typically includes about 8 men per group. Offenders are expected to attend all sessions; failure to attend on more than four occasions means they must restart the programme with a new group.

During the period Oct 2004 through Aug 2006, there have been 491 referrals to CHANGE. The majority of these (310 or 63%) are from the DAC, with the remaining referrals coming from other courts in Glasgow. There are no protocols in place between the SW team delivering the CHANGE programme and the DAC or ASSIST. The policy is for referrals to be prioritized in relation to risk and length of time left on the order. However this must be managed alongside competition for limited places across the city (currently there is a waiting list of about 60 men). This seems to be an issue that will only be exacerbated in the future as long as demands from the DAC increase, and the CHANGE programme is seen as a valued sentencing option amongst Sheriffs.

SW was involved in the initial groups involved in developing ASSIST and the DAC pilot and is the Commissioning Agency on behalf of the Scottish Executive. Furthermore, representatives from SW attend the MAAG meetings and also the MAAPs for very high-risk victims. Therefore there has been consistent involvement from social work in terms of setting up and running the new initiatives in Glasgow.

Glasgow Community and Safety Services

Finally, there has been substantial support given to the ASSIST/DAC pilot by the Community Safety Partnership, now named the Glasgow Community and Safety Services. Glasgow Community and Safety Services (GCSS) is a newly formed limited company with charitable status which has been established by the City Council and other partners in order to take forward crime prevention and community reassurance, including violence against women. It takes over the responsibilities previously held by the Council's Community Services section and Glasgow Community Safety Partnership. Domestic abuse and other forms of male violence including prostitution and trafficking are identified as priorities for the new organisation.

During the initial set-up phase of the pilot there were difficulties arranging accommodation and therefore no premises for ASSIST. GCSS provided premises and equipment, HR and technical support as well as line management for ASSIST staff. When the initial funding from the Scottish Executive was not sufficient to provide the ASSIST service, GCSS provided funding for increased Advocacy resources.

GCSS has now assumed responsibility for the administrative, financial and organisational support for ASSIST, which Community Services previously provided. This includes handling all employment matters, providing the office premises, operational day-to-day support and running costs, and facilitating and chairing the MAAG. As well as providing resources and on-going support, GCSS staff have facilitated the development of the inter-agency working which has been so important for the good practice across the many partners involved in the pilot. In conclusion, it would be fair to say that the support and commitment provided by GCSS has been essential for the pilot to operate.

Community and Voluntary Sector Agencies

Glasgow Violence Against Women Partnership

Established in 2000, this multi-agency initiative aims to provide a strategic approach to violence against women in Glasgow. The GVAWP does not provide services directly to women, but works with agencies to bring about improvements in the services which women use. It has four primary aims:

- Develop improved and consistent responses and services to women and their children throughout the city.

- Ensure that strategic developments which address violence against women are informed by the needs of abused women, and that the work of the Partnership is open, accessible and accountable.
- Promote a community-based response to violence against women, with the aim of reducing levels of violence against women and children, and women's fear of violence.
- Ensure improved protection for women and their children.

A small team located in Glasgow City Council coordinates the work of the GVAWP. The following agencies are currently committed to this partnership:

- Glasgow City Council
- Greater Glasgow NHS Board
- Glasgow Homelessness Partnership
- Glasgow Women's Voluntary Sector Network Standing Group on Violence Against Women
- Jobcentre Plus
- Procurator Fiscal Service
- Strathclyde Police

The Castlemilk Domestic Violence Project is one of a number of projects linked to the GVAWP. It is a woman only service that provides support, information and advocacy to women who are living with, or have experienced, violence or abuse. It also runs WAVES (Women Against Violent Environments) which is a peer support group for victims of domestic abuse that meets on Monday evenings. The Castlemilk Project has drop-in and outreach services and is located in the pilot area.

Women's Aid

In the greater Glasgow area there are four autonomous Women's Aid groups providing support, information, counselling, access to alternative accommodation (including refuge), training, and services for children and young people. In the pilot area, however, there are actually no services available from Women's Aid. The one office covering central Glasgow is not able to assist with outreach service provision in the pilot area; however, all four groups operate an open-door policy and women from any area can telephone or visit a group's drop in services. Greater Easterhouse Women's Aid were able to provide an outreach service and counselling support to ASSIST for part of the pilot period, but due to resource limitations, have been unable to sustain this input. At a strategic level there exists a good working relationship between ASSIST and Women's Aid both in terms of local groups and the national office of Scottish Women's Aid. There has been Women's Aid input to ASSIST throughout the pilot period. Scottish Women's Aid and Greater Easterhouse Women's Aid have been represented on both the Implementation Group and the MAAG.

Women's Support Project

The Women's Support Project is a voluntary organisation that works on a broad range of issues including domestic violence, rape and sexual assault, child sexual abuse and incest. The Project is partially funded by Glasgow City Council and has a staffing group of four and an active Management Committee of five. Two key aims influence their work: first, to highlight the links between different forms of male violence, and second to promote an interagency response to the abuse of women and children. Therefore they are involved in promoting the development of specialised services to recognise and listen to the needs of women and children who have experienced abuse (such as ASSIST). One worker is a member of the National Group and the Legal Issues Working Group and also subsequently the Steering and Implementation Groups of the DAC. As Chair of the Justice Working Group of the GVAWP, this worker was also a member of the ASSIST Implementation Group and was able to liaise between both Implementation Groups. Representation has continued via the MAAG.

The Project provides a range of services, including: short-term support for women in crisis and appointments to help identify appropriate, specialist or long-term support or counselling; for women whose children have been sexually abused ongoing support and occasional support events; resources for front line workers who are working with individual survivors such as groupwork, training programmes, campaigning, policy development and research; publishing papers and leaflets to raise awareness of violence and abuse; and multi-agency working and networking.

Victim Support Scotland

Victim Support Scotland (VSS) is a voluntary organisation with charitable status. It is an umbrella agency that provides a range of services for victims of all types of crime (Victim Service) and for witnesses going to court (Witness Service), including:

- free, confidential, independent advice and support
- help with insurance and compensation claims
- information on criminal justice procedures
- support if the case goes to court
- a pre-trial visit to a court room
- personal safety and crime prevention advice
- information about other agencies

Therefore the role of VSS is to provide general information, advice and support to victims and witnesses (rather than information about specific cases). Pre-court visits were the key service provided as well as providing support to witnesses within the Crown Witness area at the DAC as the pressure on ASSIST's resources prevented this service being provided by ASSIST.

The Glasgow area has four offices that coordinate with the four police divisions covering the city and are managed by an area manager. The offices are staffed mainly by trained volunteers. Volunteers undergo 'foundation' training over three weekends and specialised sexual assault/domestic abuse training that is completed afterwards over two weekends.

There is a protocol in place which articulates the working relationship between ASSIST and VSS to help ensure there is no duplication of work. To quote:

ASSIST will e-mail Victim Support Glasgow (South) daily notifying them of the victims that ASSIST are supporting... where ASSIST are supporting a victim, Victim Support will send that victim information about our services, but will not further contact that victim. If the victim responds to Victim Support's information by seeking a service from Victim Support, Victim Support will inform ASSIST that they are supporting that victim.

It should be noted that the national protocols between VIA and the Victim Service and VIA and the Witness Service supersede any practices, arrangements or engagements between ASSIST and VSS. This helps to ensure the integrity of the witness's evidence, the prosecution case and the involvement of VSS as a support organisation.

Conclusion

This chapter has introduced the reader to the unique features of the Scottish criminal justice policy context, including the development of a National Strategy to address domestic abuse, changes to legislation and increased funding for and coordination of services for women and children experiencing domestic abuse. The development of ASSIST and the first Domestic Abuse Court in Scotland are consistent with a more strategic approach to service delivery that is being tested in Glasgow. The Glasgow pilot grew out of the involvement of a range of key practitioners representing agencies such as the Crown Office, Strathclyde Police, Social Work Services, Glasgow Community and Safety Services and groups representing the voluntary sector such as the Women's Support Project, Greater Easterhouse Women's Aid, Glasgow Women's Aid, and Scottish Women's Aid. This multi-agency effort has been instrumental in not only developing the initiative but also ensuring that operational protocols and day-to-day working relationships are as effective as is possible, to ensure the most consistent and streamlined response to victims of domestic abuse living in the pilot area.

The next chapter will outline the research methodology used to evaluate ASSIST, before proceeding on to discuss the results of the research in chapters 3-7. The final chapter provides a concluding discussion and recommendations relevant to policy and practice arising from this research.

2. Methodology

Overview

This evaluation was designed using an alternative approach termed *participatory evaluation* (see Riger et al., 2002). This approach recognizes the expertise of people *inside* the service being evaluated (in this case, ASSIST) rather than just importing research tools and protocols from the outside. The result is an evaluation methodology designed to reveal the processes and outputs that are important from the perspectives of both the evaluator and the agency. For this project, initial meetings between the author and ASSIST resulted in a shared outlook on what was important to include in the evaluation and how to best go about getting the required information. It was recognized that the evaluation needed to be meaningful and intuitive, and that much of the monitoring should be embedded into daily practices (rather than 'lost' as soon as the evaluation ends). It drew on the author's experience conducting similar research elsewhere, the aims and needs of ASSIST, and recognized best practice. This evaluation took place over nearly two years and includes multiple forms of data. The details of the method used are described in the sections that follow.

Aims of the Evaluation

- Describe the *process* of developing ASSIST highlighting key challenges and opportunities encountered, thereby understanding the process by which ASSIST provides support services to victims of domestic abuse and their children in the multi-agency context.
- Document the *outcomes* of this intervention on those referred to ASSIST, the key outcome being increased safety of victims and their children.
- Identify how the work of ASSIST impacts other agencies involved in Glasgow's multi-agency response to domestic abuse, and also how the multi-agency approach informs the processes and outputs of ASSIST.

Timescale

ASSIST took its first referral on the 18th October 2004, with the commencement of the DAC pilot. Initial phone calls between the evaluator and ASSIST took place shortly thereafter, with the first meeting in early 2005. It was decided that 12-months of data from the victims referred to ASSIST would comprise the primary source of data – beginning 1st Feb 2005 through 31st January 2006. Interviews with practitioners working in the relevant agencies were also conducted during the first year of operation (2005) and the second year (2006). These sources of data are discussed in more detail in the sections that follow. The table below depicts the key stages of the methodology.

Table 2: Overview of Methodology

Task/Quarter	2005				2006			
	1 st Q	2 nd Q	3 rd Q	4 th Q	1 st Q	2 nd Q	3 rd Q	4 th Q
Plan/begin evaluation	x							
Victim data from ASSIST	x	x	x	x	x			
Surveys/interviews with key informants		x		x		x	x	
Site visit/observation	x			x			x	
Conference/interim findings				x				
Analysis and report writing							x	x
Conference/end of evaluation								x

Process Evaluation

This part of the study aims to accurately describe the implementation of ASSIST and its contribution to Glasgow's multi-agency response to domestic abuse.

Data from Key Informants

Qualitative data was collected from representatives from key agencies involved with the multi-agency response in the form of surveys and interviews over the course of the evaluation period. In some cases the same agency representative provided information throughout, whereas in other cases the person in post might have moved on so the new representative was interviewed. Where direct quotes are used, the respondent is identified as CJ (from a criminal justice or statutory agency) or VS (from a voluntary sector agency).

Sample

During the early part of 2005 surveys were distributed to key informants to ascertain their experiences handling cases of domestic abuse, their attitudes towards these cases, and their working relationships with other agencies (see Appendix C). The following sample of respondents returned a completed survey:

- ASSIST (n=4)
- Strathclyde Police (n=1)
- Procurator Fiscals Office (n=1)
- Victim Support Scotland (n=2)
- Social Work (n=1)
- Glasgow City Council (n=1)
- Women's Aid (n=1)
- Women's Support Project (n=1)
- Glasgow Violence Against Women Partnership (n=1)
- TOTAL N=13

Next, interviews were conducted with agency representatives during the latter part of 2005. These unstructured interviews were conducted face-to-face or over the telephone. The interviews were designed to further probe the respondents' views on the ASSIST/DAC response provided to victims of domestic abuse in Glasgow and the multi-agency relationships implemented to provide this response. Interviews were conducted with the following agency representatives:

- ASSIST (n=4)
- Strathclyde Police (n=2)
- Procurator Fiscals Office (n=1)
- Victim Support Scotland (n=1)
- Women's Aid (n=1)
- Glasgow Violence Against Women Partnership (n=1)
- TOTAL N=10

After the pilot had been running a substantial length of time, a further round of face-to-face and telephone interviews were conducted (in July 2006). These were designed to assess respondents' experiences with ASSIST and the DAC over the course of the pilot, any particularly good working arrangements, areas for improvement and lessons learnt about effective multi-agency relationships. The following agency representatives were interviewed:

- ASSIST (n=1)
- Strathclyde Police (n=3)
- Sheriffs (n=2)
- VIA (n=1)
- Victim Support Scotland (n=1)
- Social Work (n=3)
- Glasgow City Council (n=1)
- Women's Aid (n=1)

- Women's Support Project (n=1)
- TOTAL N=14

In total, 37 interviews and surveys were collected with members of agencies involved in Glasgow's pilot programme throughout the data collection period. Information from the interviews was provided in confidence; therefore any direct quotes presented in this report are only identified as from a CJ (criminal justice agency) or VS (voluntary/statutory agency) respondent.

Existing Data

Weekly Bulletins

Luckily for the author, the Coordinator of ASSIST had the foresight to write and distribute 'weekly bulletins' right from the beginning of the project. These bulletins were designed to give readers a brief overview of the work being done, as well as the challenges faced by staff working in the new agency. They provide information on: the number and type of referrals coming in (percentage uptake, number of repeat cases, number going to Solemn Proceedings, male and BME referrals, etc.); other agencies contacted on the victim's behalf; numbers of children and young people affected; challenges faced, both operational and strategic; questions asked and changes made to policy or procedure; networking and partnership working; and feedback from clients. The weekly bulletins are a completely transparent record of the entire project and as such a very valuable form of information that has been utilized for this study.

Documents and Protocols

Given the multi-agency approach adopted in Glasgow, it was necessary to collect information on the documents and protocols implemented and agreed between various agencies. These are described in the text and included as appendices where appropriate.

Outcome Evaluation

The outcome of primary importance in this evaluation is whether the implementation of ASSIST has improved the safety and wellbeing of victims and their children. This outcome was assessed using data from the victims themselves. A second important outcome is whether the implementation of ASSIST has impacted upon the working practices of key agencies in the multi-agency partnerships, and if so, whether the changes have been positive.

Victim Data

Data collection began in Feb 2005 for a 12-month period, to provide data on one year of referrals going through ASSIST. The two main sources of data are from the risk assessments and the exit interviews conducted with victims of domestic abuse.

Risk Assessments

Data from the 20 questions asked by advocates during their initial contact with victims to assess their level of risk are analysed for this report as they provide important information about the issues confronting victims of domestic abuse that are referred to ASSIST. More information about the risk assessment procedure used at ASSIST is contained in Chapter 3.

Exit Interviews with Victims

Are victims safer as a result of being referred to ASSIST? To answer this question a brief 'exit interview' was developed. This interview is a short series of questions that are asked by advocates when they make contact with the victim to close the case. They were designed to provide an indication of whether 'life was better' as a result of their contact with ASSIST, and if so how, and if not, why not? The exit

interview is a good example of the participatory evaluation approach because it was designed to be easy to use, embedded in daily practice, and meaningful to those working at ASSIST. The questions include:

1. Are you still in a relationship with (name)? If so, how is the relationship?
If not, are you in a new relationship? How is that going?
2. Have you experienced any additional violence or threats since the initial incident? If so, was it reported? What happened?
3. Have you experienced any emotional abuse from him? If so, please describe.
4. How is your quality-of-life generally? How are your children?
5. Any especially significant events in recent weeks, either positive or negative?

The exit interviews produced qualitative accounts (the 'victim's voice') which could also be quantitatively coded and analyzed. The risk data, combined with the exit data, provide the main source of information about whether the services provided by ASSIST were perceived to be helpful by victims and if they were safer as a result of their contact with ASSIST and the DAC.

Agency Data

The question of whether the implementation of ASSIST has been instrumental in changing larger systems for the better was answered using several sources of data, including:

- Police data (domestic abuse incidents on the Vulnerable Persons Database)
- DAC data (monthly monitoring of the court)
- ASSIST data (weekly bulletins, referrals, case files, protocols, etc.)
- Perceptions of key informants (surveys and interviews)

3. Services Offered by ASSIST

Overview of ASSIST

Aims

- To ensure that the separate and specific needs of women and their children are met through direct provision and effective coordination of services.
- To provide a single point of access to the range of services that victims may need to access or communicate with.
- To address survivors' safety and advocacy needs through the following activities:
 - Initiating and supporting multi-agency interventions needed to ensure a rapid and coordinated response to survivor's needs, including safety-planning;
 - Providing support and facilitating access to services;
 - Ensuring survivors are kept informed of the court process and understand the implications of the court processes and outcomes;
 - Coordinating information-sharing between agencies;
 - Monitoring and facilitating agency compliance with agreed interventions and measures; and
 - Contributing to the strategic development of the pilot court model.

These aims are consistent with other community-based agencies providing independent advocacy services to victims of domestic abuse across the UK. Sometimes known as 'one-stop-shops', agencies like ASSIST attempt to facilitate access to a range of services that might increase victims' safety, such as making referrals to counselling, housing, social services, and providing support through civil and/or criminal court cases. They are distinct from agencies providing refuge accommodation (e.g., Women's Aid) because the coordination of services is designed to increase safety whilst keeping the victim in her own home (although, sadly, it must be acknowledged that refuge will always be necessary for some victims of domestic abuse).

Much research in recent years has revealed the enormous benefits of providing support and advocacy to victims of domestic abuse.⁵ In fact, advocacy/support services for victims are the foundation of the Home Office's domestic violence plan for England and Wales,⁶ as announced by Baroness Scotland on 29th March 2006.⁷ Similarly, as detailed in Chapter 1, the Scottish Executive has committed extensive resources both to domestic abuse and the wider VAW agenda, recognizing the importance of providing support to victims.

Remit

The remit of ASSIST includes providing assistance to victims of domestic abuse when (a) the incident was attended by a police officer based in G Division, (b) the incident involves a criminal matter that can be heard in the DAC, and (c) the victim consents to have her information referred to ASSIST so that contact can be initiated. In other words, cases *not* included in the workload of ASSIST include those originating

⁵ For an overview, see Hester, M. and Westmarland, N. (2005) *Tackling Domestic Violence: Effective Interventions and Approaches*. London: Home Office Research Study 290. For a Welsh example, see Robinson, A. (2003) *The Cardiff Women's Safety Unit: A Multi-Agency Approach to Domestic Violence*. Cardiff School of Social Sciences. For a US example, see Sullivan, C. and Bybee, D. (1999). Reducing violence using community-based advocacy for women with abusive partners. *Journal of Consulting and Clinical Psychology*, 67 (1), 43-53. For the benefits and necessity of providing advocacy with specialist courts, see Cook et al. (2004) *Evaluation of Specialist Domestic Violence Courts and Fast-Track Systems* and Vallely et al. (2005) *Evaluation of DV Pilot Sites*. London: Crown Prosecution Service.

⁶ Available at <http://www.crimereduction.gov.uk/domesticviolence/domesticviolence51.pdf>

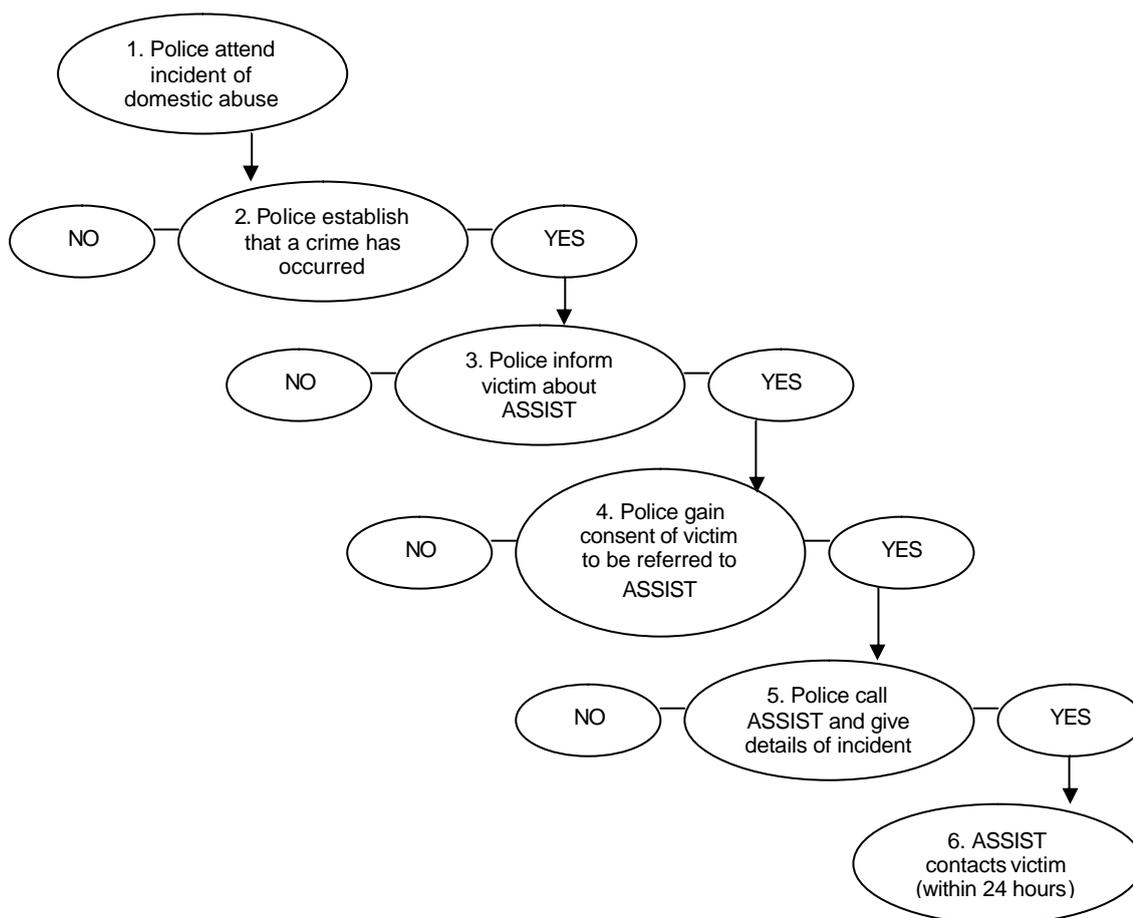
⁷ The Home Office has provided £1million to underpin a new national training and accreditation programme for Independent Domestic Violence Advisors (as advocates in England and Wales have been termed) from 2005/06.

outside of G Division, or where the victim does not accept the referral to ASSIST, or where the incident did not include a criminal offence.⁸ ASSIST was implemented to provide services to victims involved in cases heard in the DAC and so its remit is more narrowly defined than other community-based advocacy services for victims of domestic abuse. It has a criminal justice remit and is linked to statutory agencies.

Referral Route

The figure below depicts how ASSIST gains referrals from the areas covered by the pilot.

Figure 2: The ASSIST Referral Route



It is obvious that, for ASSIST to receive referrals, officers responding to incidents of domestic abuse must follow the pilot protocol and use the *Aide Memoire*. They must be trained, knowledgeable, and professional in order to gain the explicit consent of the victim. Therefore ASSIST is dependent on good policing, just as the DAC is dependent on good advocacy and information provided to victims by ASSIST. The interdependence of the key agencies in the pilot is pronounced. It should be noted that, should police fail in step 3, the victim would still be informed about ASSIST by either VIA and/or VSS. Similarly, if the victim does not consent to a referral at the time of the incident (step 4), then there would be later opportunities to consent provided through contact with the Police Domestic Abuse Unit, VIA and/or VSS.

⁸ However there are exceptions. For example, where a Police Officer attending an incident believes domestic abuse to be an issue within the relationship, yet there is not enough evidence to support a crime report being submitted to the Procurator Fiscal, an offer of an ASSIST referral can be made. ASSIST then offers a one-off telephone support call to explain the court process should a similar incident happen again and to supply some general safety planning information.

In practice the overwhelming majority (97%) of referrals are provided by police (roughly two-thirds from the reporting officer at the time of the incident and one-third from the DAU the following day). Therefore, the DAU has been instrumental in preventing institutional failure on the part of the police and providing good quality control. A trickle of referrals over the life of the pilot (less than 3%) have come from the PF, VIA or VSS. While not substantial in volume, this reflects good multi-agency working in terms of providing fail-safe mechanisms to ensure that referrals to ASSIST are provided to the appropriate victims.

ASSIST Staff

The staff complement of ASSIST includes the following:

- 1 x full-time Coordinator
- 1 x full-time Advocacy Worker
- 2 x part-time Advocacy Workers (21 hours per week each)
- 1 x full-time Children and Young People's Advocacy Worker (CYPAW)
- 1 x full-time Administration Assistant
- 1 x full-time Skillseeker⁹ (administration)

Coordinator

The Coordinator of ASSIST is in effect the operational manager as well as the strategic link to other agencies. The position is aptly named because the person in this role has to coordinate the activities of the staff working in ASSIST as well as the interactions between ASSIST and other agencies involved in the multi-agency response to domestic abuse in Glasgow.

To date there have been two women in this role. The first was responsible for the initial development of ASSIST, including the hiring of staff and the design of documents and protocols. Her background experience is in community welfare, community development and gender justice, and has worked in community legal centres, state government, voluntary organisations and as a private consultant. She left the post in November 2005 to return home to Australia. Her replacement has been active in the Glasgow Violence Against Women Partnership since 2000 and was a member of ASSIST's multi-agency advisory group (MAAG) and therefore well aware of the operational and strategic aims of the agency. Her VAW background is as a Support and Development Worker at Greater Easterhouse Women's Aid, However, most of her working life has been spent in the civil service.

Advocacy Workers

Advocacy Workers have a key role in providing advocacy, support, safety planning advice and information to survivors and their children in the immediate aftermath (ideally within 24 hours) of a domestic abuse incident. Advocacy Workers also share information with and refer victims to other agencies to ensure they receive the best possible outcome.

All three Advocates have had experience in the VAW sector. One comes from a Social Work background, having worked in Criminal Justice with offenders providing both groupwork and one-to-one probation support. Prior to coming to ASSIST, she supported women involved in prostitution.

Another Advocate had experience in Women's Aid both at a local and national level as well as managing a sexual abuse project. She also has had independent consultancy experience having been active in the VAW sector for a number of years.

The third Advocate has a background in the voluntary sector including advocacy. Prior to coming to ASSIST, she had experience in supporting women who experienced domestic abuse within a group setting. This Advocate received the CAADA Advocacy Training.¹⁰

⁹ This is a council-funded placement that allows novice workers to gain on-the-job training that can result in professional qualifications.

¹⁰ CAADA is Co-ordinated Action Against Domestic Abuse (see <http://www.crarg.org.uk/>), a national organization that provides accredited training for advocates.

Following an accident and resultant absence of an Advocate, a sessional member of staff was recruited. She had unpaid worker experience with a local Women's Aid group as well as experience of providing out-of-hours support to women fleeing domestic abuse via the national DA Helpline and Response (an out-of-hours crisis temporary accommodation project).

Children and Young People's Advocacy Worker

Addressing children's safety needs is informed by existing child protection procedures. Information is provided to the victim about the Scottish Children's Reporters Administration/Police/Social Work protocol and the procedures surrounding the protocols. Children are referred to the Children and Young Person's Advocacy Worker (CYPAW), who works closely with the Advocacy Workers and the non-abusing carer to support the child. The CYPAW also provides direct support to children and young people. For children and young people under the age of 16, ASSIST identifies their support needs and is proactive in engaging with partner agencies to ensure that a holistic coordinated response is provided. The CYPAW has extensive experience in providing therapeutic support to children and young people who have had experience of trauma in the USA and Ireland. She also has provided support to mothers of children who have experienced abuse. More information about the CYPAW and children's advocacy is provided in Chapter 6.

Administration

ASSIST has one full-time administrator that has been instrumental in setting up the service. One of the most important early tasks was to create the database which records all of ASSIST's clients, updating this database regularly, and analyzing the data to provide some continuous monitoring of the workload. Almost all of the project's forms, filing systems and methods were initially created and then further developed as necessary by the administrator. Therefore it has been vital that the administrator has worked closely with the advocates and the coordinator from the very beginning to understand the role and aims of ASSIST. In fact, the administrator is now involved in attending court to record case outcomes, supporting clients at trials and calling clients with court results, in addition to her administration duties. This has in part been due to resource constraints and the need to provide more advocacy services as the pilot has progressed, but also because the closely knit operational side of ASSIST means that the line between 'administration' and 'advocacy' is often blurred. In short, effective advocacy cannot be provided to victims without proper administrative documents and protocols. There have to be good systems in place for keeping track of the tasks that have been done, need to be done, or are being done on behalf of each and every victim.

Service Delivery Process

Support throughout and alongside the Domestic Abuse Court process is delivered in three stages, although the sequence of service delivery or access will be determined by the needs of the victim.

Stage 1: The immediate aftermath of the incident

If a victim consents to an ASSIST referral, s/he will be contacted prior to the custody hearing that same day. If the incident occurs during the weekend or a public holiday, the custody court may be delayed; however, contact with the victim by ASSIST will continue. Initial contact with the victim is designed to address any immediate considerations including:

- Health or medical needs
- Assessing and addressing the service user's safety
- Providing support and facilitating access to other services
- Engagement with the criminal justice process
- Identifying and addressing access needs (e.g. interpreting, sign language)

As part of the initial contact a risk assessment is completed so that Advocacy Workers can attend to the victim's immediate safety and welfare needs.

Each week, an Intake Review is held where each referral is discussed by the Coordinator and the Advocates. Views on what support each victim requires and the risk assessment is discussed by the team. There is also the opportunity to consider a MAAP and any other specific needs. If contact with the client has been unsuccessful, decisions are taken about what should happen next. Each referral is given one of three classifications:

1. 'Active' meaning maintain active advocacy and assigned to a particular worker;
2. 'DAC only' when the client has identified that s/he has good support mechanisms and only requires support around the court process itself; or,
3. 'Closed' when Advocates have tried unsuccessfully on three separate days at different times each day to contact the victim.

For the first year, 'DAC only' was termed 'inactive', but this was changed to reflect the fact that advocacy work is being done with these clients albeit irregularly, which can be substantial.

Due to the lack of advocacy resources, there is virtually no difference between the classifications of 'Active' and 'DAC only' and this has been the case since about 6-months into the pilot. As the pressures on the Coordinator grew, especially in relation to the MAAP process (discussed later in this chapter), it has become increasingly difficult to hold Intake Reviews. These pressures are a source of real frustration for the team and pose substantial concern in terms of victims' safety.

Risk Assessment

Advocacy Workers conduct their first (usually telephone) interview in a way that sensitively assesses current and future risk to the victim. At the first contact, Advocacy Workers complete a *Risk Indicator Form* (incorporated into the *Referral and Intake Form*) which scores on 20 yes/no questions enabling an assessment to be made of the victims' levels of risk (see Appendix D). The victim can be asked these questions as part of the initial conversation rather than in a 'survey style. The risk assessment process is a subjective one and allows for both the victim and the advocate to record perceptions of risk.

Risk assessment began formally in February 2005, after several weeks of the Coordinator investigating other risk assessment models (e.g., that used in Cardiff), reading the literature, discussing risk and risk assessment with other agency representatives, and piloting the Risk Indicator Form.

As Table 2 indicates, initially the scoring of the risk indicator form allowed victims to be categorised as 'standard,' 'medium,' 'high' and 'very high' risk. However, as time went on it seemed as though the scoring system was confusing for the Advocacy Workers and perceived to be somewhat arbitrary for the lower risk cases (i.e., is risk assessment advanced enough to accurately identify the difference between standard and medium risk?). Therefore in August 2005 the procedure was changed to a more simplified version that designates the very high-risk victims from all the others. Seven or more 'yes' responses to the risk indicator questions means that Advocacy Workers classify the victim as very high-risk and subsequently the case can be discussed at a Multi-Agency Action Planning (MAAP) meeting (described later in this chapter). However, worker's observations and the victim's own perceptions about her level of fear, isolation, and/or the potential for future violence can trigger a MAAP regardless of the risk classification score. There is space on the form to make a note of additional risks if this is the case. Advocates are also conscious that the nature of risk is immediate and dynamic and attention is paid to monitoring risk throughout the advocacy relationship.

Table 3: Risk Classification Procedures

Initial Procedure		Amended Procedure	
<u>"Yes" responses</u>	<u>Classification</u>	<u>"Yes" responses</u>	<u>Classification</u>
1-3	Standard Risk		
3-5	Medium Risk	Less than 7	Standard Risk
5-7	High Risk		
7 or more	Very High Risk	7 or more	Very High Risk

Providing Information

At this stage, information is provided to victims about the court process and what they are likely to expect. Victims are assured that an attempt will be made to contact them before and after each court date in the process. They will be provided with information about the services provided by ASSIST as well as other agencies that provide support to victims of crime (such as VIA and VSS). As evidenced by the next section, victims also receive information that is relevant to their specific needs from a range of different agencies that might be contacted by Advocacy Workers on their behalf.

Referring to Other Agencies

Providing victims with referrals to other agencies is a key service provided by ASSIST. Over the course of the pilot, myriad agencies have been contacted either for direct referrals, passing information to victims, or phoning on the victim's behalf. The table below provides a list of these agencies:

Table 4: ASSIST Referrals to Other Agencies

Type of Agency	Name of Agency
Criminal Justice	Police Community Safety Unit Victim Support Witness Service Crime Prevention Unit Social Work Probation Resource Unit Social Work Criminal Justice Teams Glasgow South
Domestic Violence and Sexual Assault	Glasgow Women's Aid Greater Easterhouse Women's Aid Scottish National Domestic Abuse Helpline Hamilton Women's Aid Stirling Women's Aid Women's Support Project Rape Crisis WAVES (Castlemilk DV Project) Hemat Gryffe Women's Aid
Social Work	Breakthrough for Women SW PACT team Social Work Offices Glasgow South
Drug/Alcohol	Glasgow Council on Alcohol Drug Crisis Centre Social Work Community Addiction Teams Alcoholics Anonymous Al Anon 218 Project (women offenders)
Health	Health Visitor Pollok Stress Centre Bristol Crisis Centre Tom Allan Counselling Centre for Women's Health NHS 24 Gorbals Counselling Suite Sandyford Initiative (sexual health) GAMH (Glasgow Association for Mental Health) Aspire Centre (injury rehabilitation)
Legal	Castlemilk Law Centre Private lawyers Criminal Injuries Compensation
Housing	Community Casework Teams Response Galashiels Housing Association Ardenglen Housing Association

	Mosspark Housing Association Castlemilk Tenants Association Paisley Homeless Persons Unit Govanhill Housing Association Glasgow Homelessness Partnership Hamish Allen Centre (homelessness) Ruchill Furniture Project (regarding removals)
Children and Parenting	Greater Easterhouse Women's Aid Hemat Gryffe Women's Aid Children's Outreach Service Children 1 st Parentline Local schools One Plus (for single parent families)
BME	Glasgow Translation and Interpreter Service Amina (Muslim Women's Resource Centre) Hemat Gryffe (Women's Aid for BME women) Toryglen Rights Office
Other	Home Safety Response Team Crisis Loan Helpline Money Matters Fones4Safety CRUISE (bereavement counselling service)

Stage 2: Support through the court process

Services at this stage of the ASSIST process attempt to ensure that the victim's ongoing safety and support needs are met through:

- Effective and coordinated multi-agency action
- Continued access to emotional and practical support
- Coordination of ongoing support and advocacy through the court process
- Effective information-sharing between agencies

Probably the most important aspect of this support is simply maintaining contact with the victim, so that she is informed about what is happening in terms of the court case. This most often takes the form of telephone calls with updates about the status of the case. Even so, this can be very time-consuming with repeated attempts to make contact, and multiple calls needed, for a caseload of victims that typically includes about 307 live referrals equating to 84 per part-time Advocate and 140 for the full-time Advocate. Of these 307, 54% are Very High Risk, and new referrals are coming in constantly. Due to workload pressures, the Advocates are rarely able to make pro-active contact in any planned way, with the exception of the provision of reports for the PF linked to court appearances. The remainder of their time is spent dealing with clients who actively call ASSIST for information and/or support.

Importantly, support through the court process will also include accompanying the victim to court to provide support during particular stages of the case. The understandable anxiety on the part of victims about participating in the court process and especially the possibility of having to give evidence has been well documented.¹¹ Again resource issues impact on this part of the process. Advocates are unable to remain in the Crown Witness area with victims as they prepare to give evidence with the exception of the CYPAW who has been able to do this when a child she is supporting is required to give evidence. The

¹¹ For example, see Cretney, A. and Davis, G. (1997). Prosecuting domestic assault: Victims failing courts, or courts failing victims? *The Howard Journal of Criminal Justice*, 36/2, 146-157. Lewis, R. (2004). Making justice work: Effective legal interventions for domestic violence, *British Journal of Criminology*, 44, 204-224. Bennett, L., Goodman, L., and Dutton, M. A. (1999). Systemic obstacles to the criminal prosecution of a battering partner: A victim perspective, *Journal of Interpersonal Violence*, 14/7, 761-772. Robinson, A. L., and Cook, D. (2006). Understanding Victim Retraction in Cases of Domestic Violence: Specialist Courts, Government Policy, and Victim-Centred Justice. *Contemporary Justice Review*, 9(2), 189-213. Valley et al. (2005) *Evaluation of DV Pilot Sites*. London: Crown Prosecution Service.

resultant impact is that victims are disappointed that such a service does not exist and it can affect their experience. Many victims have expressed frustration at waiting and then being sent away when the defendant pleads guilty at the last minute. Although the issues are the same for all witnesses who attend court, whether it is related to DA or not, a victim of DA is particularly vulnerable due to the nature of DA and needs specialist support. This issue therefore impacts on her ability to give good evidence as she is effectively abandoned by ASSIST, when she needs to be at her strongest to break her silence in front of the perpetrator. Although the Witness Service provides a good service, it's not a specialist DA service. The victim's presence at court is not relevant in all cases due to early guilty pleas by defendants and therefore speedier case disposals in the DAC (see next chapter); nevertheless, there needs to be a representative from ASSIST at all diets to provide relevant information to the court and to obtain information and record decisions that are made at court so that good qualitative information can be supplied to victims. Information gathered in this way is then used to inform the ongoing Safety Planning process.

Maintaining even this basic aspect of the service has been particularly difficult due to the lack of resources and the cumulative increase in the associated workload over the course of the pilot. The aim of ASSIST is to maintain good support throughout the court process, but as the workload has increased and resources have stayed the same, the quantity and quality of support available to clients has deteriorated. This has also impacted on other agencies, most notably the DAC Sheriff Clerk, who has been asked on a fairly regular basis to pass court results to ASSIST, when staffing constraints have meant a clear choice between providing attendance at court or contacting victims for the following day's court diets. Working in this short-term manner as a result of always playing 'catch up' means there is no flexibility in preparing reports for the court. Generally, the Advocates are only able to attempt contact with the victim on the day before the next diet. If the victim is unavailable, the opportunity to input their point of view on the court process is lost. If no up-to-date information is available to the court, the Sheriff does not have the benefit of the victim's views at that diet. On these occasions when a shortage of resources means that the qualitative information that informs safety planning is not available for victims, outcomes are notified to victims by VIA.

Stage 3: After the court process ends

Following the court hearing, ASSIST will consider and review the victim's options and assess her safety in light of the outcome of the court hearing for the perpetrator. If appropriate ASSIST also liaises with local community or specialist services to make arrangements for the victim's on-going needs to be met at a local level and to transfer responsibility for on-going support provision to other local services. Follow-on support arrangements will be addressed in the context of existing resources and will be determined by the victim's needs and expressed wishes.

As research indicates that the post-court period is an extremely traumatic time for victims, whatever the outcome of court proceedings, it was envisaged that ASSIST would attempt to provide continuing support where appropriate to those victims who have not engaged with other local services for a period of up to 12 weeks post-court disposal. Due to a lack of resources, this service is not provided. However, due to the amount of deferred sentences, requiring another court date after a few months, victims can be in touch with ASSIST for a number of months after a guilty plea, thus allowing an opportunity for continued support, albeit in an unstructured way. All victims are told that if further difficulties are experienced, they can telephone for support. In practice, this means clients phoning if another incident has been reported to the police or to discuss whether a call to the police should be made. Nevertheless, the lack of opportunity to provide appropriate post-court support is a serious consequence of limited resources.

Multi-Agency Action Planning (MAAPs)

After commencement of the pilot and initial operations, it became apparent that some victims being referred to ASSIST were at very high risk of repeat victimization. Due to the risk assessment conducted during the advocate's initial contact with the victim, it was possible to consistently identify the victims who were experiencing a majority of the risk factors for further abuse. It then became an issue of determining whether an enhanced level of service would be feasible to offer as part of the range of

support provided at ASSIST. Therefore within the first few months of operation, in early 2005, initial meetings took place to assess the response given to very high-risk victims and their children.

During this time, other models of enhanced provision for very high-risk victims had become known to the ASSIST Coordinator and other members of the MAAG. For example, in Cardiff the implementation of Multi-Agency Risk Assessment Conferences (MARACs) for very high-risk victims took place in 2003 and evaluations published in 2004 and 2005 showed the positive results from providing a multi-agency response to those suffering repeat, chronic abuse.¹² Therefore the introduction of a similar model for helping high-risk victims by ASSIST, known as MAAPs, indicates the responsive and flexible service provided in the pilot area, which maximizes the available opportunities to improve its response to victims.

Similar to MARACs, the aim of the MAAPs is to increase women and children's safety and ensure that perpetrators are held accountable for their offending behaviour. Firstly, by providing an opportunity for sharing information and identifying and agreeing actions that will reduce future harm to very high risk victims of domestic abuse and their children. Secondly, by facilitating multi-agency accountability in ensuring that victims of domestic abuse receive the full range of protection and support available.

The multi-agency protocol and procedures (see Appendix E) were being developed by the Safety Planning sub-group of the MAAG. Unfortunately, this piece of work has not been completed. Nevertheless, the first MAAP took place in December 2005 and then monthly thereafter. It is worth noting that MARACs are a central element of the Home Office's domestic violence strategy and are being implemented across England and Wales in support of all new specialist courts. Therefore the same, highly-regarded and well-documented 'gold-standard' approach to domestic abuse is also available in Glasgow's pilot area.

The MAAP Process

Very High Risk (VHR) cases are identified by Coordinator/Advocacy Workers at the point of referral when the Initial Risk Assessment is taken and at the weekly Intake Review. The safety of victims and children is always central to the Advocacy Worker's role and will determine advocacy intervention on a daily basis. Priority groups include repeat victims (generally all VHR) or cases where extreme danger is identified. Immediate appropriate action is taken by ASSIST on behalf of the victim (e.g., notifying the Procurator Fiscal of her risk classification) in order to increase her safety.

The ASSIST Coordinator reviews referrals to determine which cases are presented at the monthly MAAP. Typically 4-6 cases were considered from December 2005 to July 2006 and then in August 2006, following a visit to the Cardiff MARAC, procedures were changed to allow discussion of 8-9 cases. Appropriate strategies are agreed by agency representatives. At the initial MAAP meetings, the ASSIST Coordinator chaired the meeting, an Advocate attended to ensure a separate victim's voice at the meeting and an ASSIST administrator was responsible for the minutes. However, again due to the lack of resources, the ASSIST Coordinator now attends the meeting on her own.¹³

Next, key multi-agency representatives are identified and contacted to allow agencies to gather information in preparation for the individual cases to be heard at the MAAP. ASSIST provides a list to all relevant partner agencies 2 weeks prior to the MAAP to enable adequate preparation time. The list includes information such as the perpetrators' names and dates of birth, the victims' names and dates of birth, names and dates of birth of children, crime reference numbers, the risk classification and the reason for referral.

A case-by-case discussion follows. The Chair asks each partner agency to contribute the following:

- What has been your involvement to date with Survivor A?
- What can/will your agency do to make this victim and her children safer?

¹² See Robinson A. L. (2004). *Domestic Violence MARACs (Multi-Agency Risk Assessment Conferences) for Very High-Risk Victims in Cardiff: A Process and Outcome Evaluation*. School of Social Sciences: Cardiff University. Robinson, A. L. & Tregidga, J. (2005). *Domestic Violence MARACs (Multi-Agency Risk Assessment Conferences) for Very High-Risk Victims in Cardiff, Wales: Views from the Victims*. Both reports available at <http://www.cardiff.ac.uk/socsi/staff/robinson.html>

¹³ Therefore the bulk of the workload is shouldered by ASSIST, in contrast to similar arrangements in other jurisdictions where the police chair the meetings and provide the administrative support.

- When will you do this by?
- Who will be the person responsible for ensuring that it happens?
- Are there any other agencies who can contribute to this survivor's safety identified who are not present today?

For transparency and accountability, attendance/apologies/'no shows' are recorded. Furthermore, action points are recorded by the ASSIST Coordinator and summarised at the end of each case discussion to ensure that all in attendance are aware of their responsibilities for follow up actions. Agencies are asked to confirm by email when their agreed action point has been completed. In the event of this not being done, a reminder email is sent by ASSIST. A failure to follow through on any agreed action is noted at the following meeting. Since the changes in procedure, approximately two cases a month are carried forward due to actions not being completed.

After the meeting ASSIST distributes the action points agreed at the meeting to all present,. A MAAP database has been established to ensure that all actions and referrals can be tracked to further ensure transparency and accountability. This process equates to one mailing per month two weeks before each MAAP and then one as soon as possible afterwards. It is hoped that the requirement for reminders will dissipate when partner agencies are more used to the process.

Agency representation at the MAAPs

Core multi-agency representation:

- ASSIST
- Strathclyde Police Domestic Abuse Unit
- Procurator Fiscal
- Glasgow City Council Social Work Services (Children and Families)
- Glasgow City Council Criminal Justice Social Work
- Community Casework Teams (Homelessness)

Additional representatives as required:

- CHILDREN 1st
- Education services, including pre-5 services
- Individual specialist agencies (e.g., Hemat Gryffe Women's Aid, etc.)
- Other agencies as necessary

Attempts have been made by ASSIST to ensure core attendance by Women's Aid but this has not been successful. Due to workload and resource limitations, it has proved impossible for the ASSIST Coordinator to work towards the attendance of other key agencies such as Health and Community Addiction Teams. However, it has proved possible with the help and support of Education Services to agree a process whereby all education establishments have been notified of ASSIST, the CYPAW service and the MAAP. Discussions have also taken place with Strathclyde Police to provide extra resources to support the MAAP process. These discussions have been successful and it is hoped that a Police Officer will be able to take responsibility for some of the outstanding issues.

Conclusion

This chapter provided a detailed overview of the aims and remit of ASSIST, describing the referral route and how effective multi-agency coordination appears to ensure that the majority of victims in the pilot area consent to be put in contact with ASSIST. Advocates at ASSIST then provide their services to victims, in the form of an initial risk assessment, support through the court process, and some post-court support. In this way, regardless of the court outcome, the victim receives a range of services in a 'one-stop-shop' style that has been shown to be effective in other jurisdictions. Furthermore, monthly multi-agency meetings have been implemented to respond to the safety requirements of very high-risk victims and their children (known as MAAPs). Thus, despite the very obvious difficulties arising from a lack of adequate resources, there is a very good level of service provision for victims of domestic abuse who live in the pilot area of Glasgow. The next chapter goes into more detail about the workload trends at ASSIST as well as the working relationships between ASSIST and the police, COPFS and the DAC.

4. ASSIST: Workload and Working Practices

In this chapter the workload of ASSIST and the working practices of ASSIST and other key agencies are described. The workload of ASSIST can be best understood in two parts:

- 1) The 'ASSI' in ASSIST – *advice, support, safety and information* provided to individual men, women and children experiencing domestic abuse, and
- 2) The 'ST' in ASSIST – bringing *services together* in a multi-agency framework in order to meet the needs of these individuals.

The first point was described in the last chapter, but is further illustrated here using information contained in the weekly bulletins produced by the ASSIST Coordinator to provide a picture of the overall volume of work undertaken during the pilot. Second, the introduction of such an agency in the community necessarily changes the work of other involved agencies, namely the police and those working in the DAC. The qualitative and quantitative impact of ASSIST on these key agencies is described here, using monthly statistics and also interviews with agency representatives. Finally, individual case examples of women referred to ASSIST provide qualitative evidence of the type and level of support provided to victims.

Referrals to ASSIST

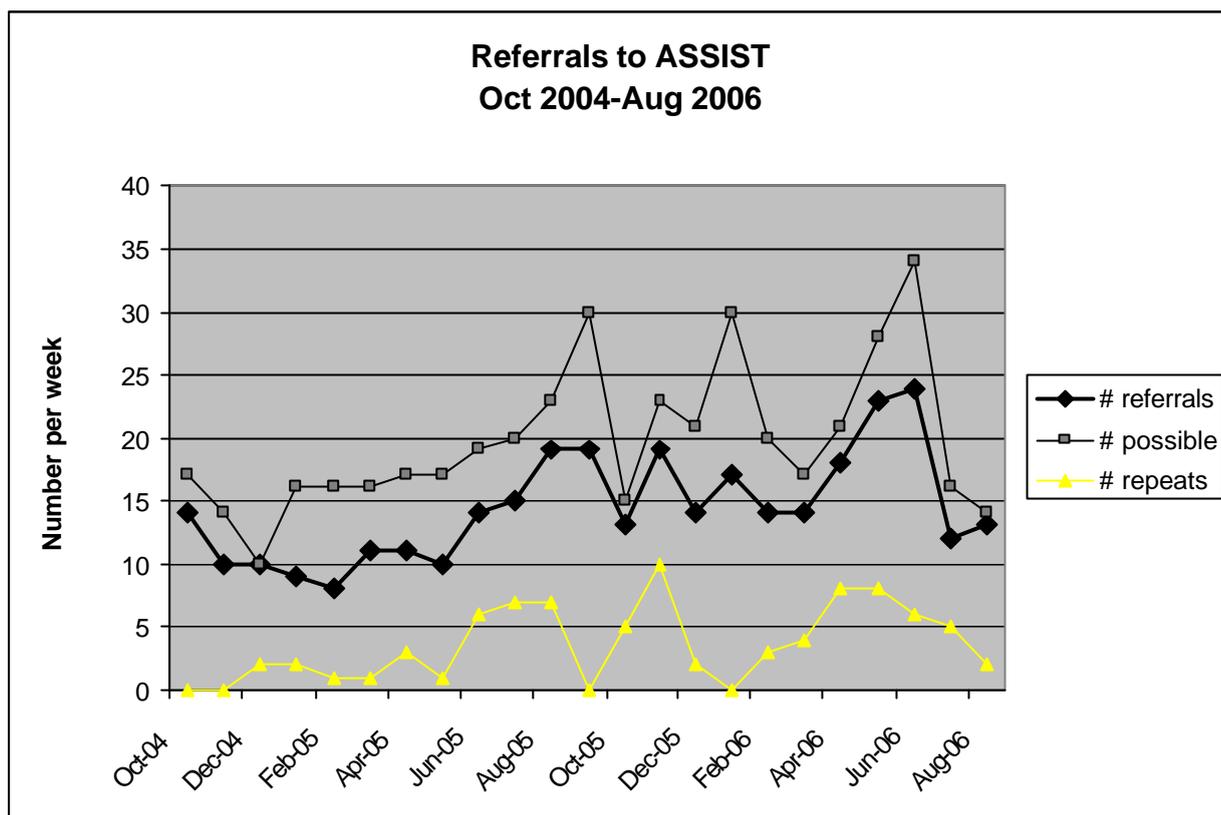
ASSIST received its first referral on 18th October 2004, and as of the end of August 2006 has supported 1300 female victims, 32 male victims, and 31 BME victims. Relating to these cases were 1317 children, 210 of whom directly witnessed the incident.

Workload Trends

Figure 3 (next page) depicts the volume of referrals coming to ASSIST from its inception in October 2004. On average, 13 referrals were received each week. This typically represented about 75% of the possible referrals (i.e., not all incidents attended by police resulted in a referral¹⁴). What is noticeable from the graph is the steady increase of referrals over time (which also mirrors the increase of potential referrals). During the first year of operation there was an average of 12.5 referrals per week, whereas in the second year (up until the end of August 2006) this increased to 14.4.

¹⁴ Recall that the reasons for this might include police not mentioning ASSIST at the time of the incident or the victim not consenting to the referral.

Figure 3: Referrals to ASSIST, Oct 04-Aug 06



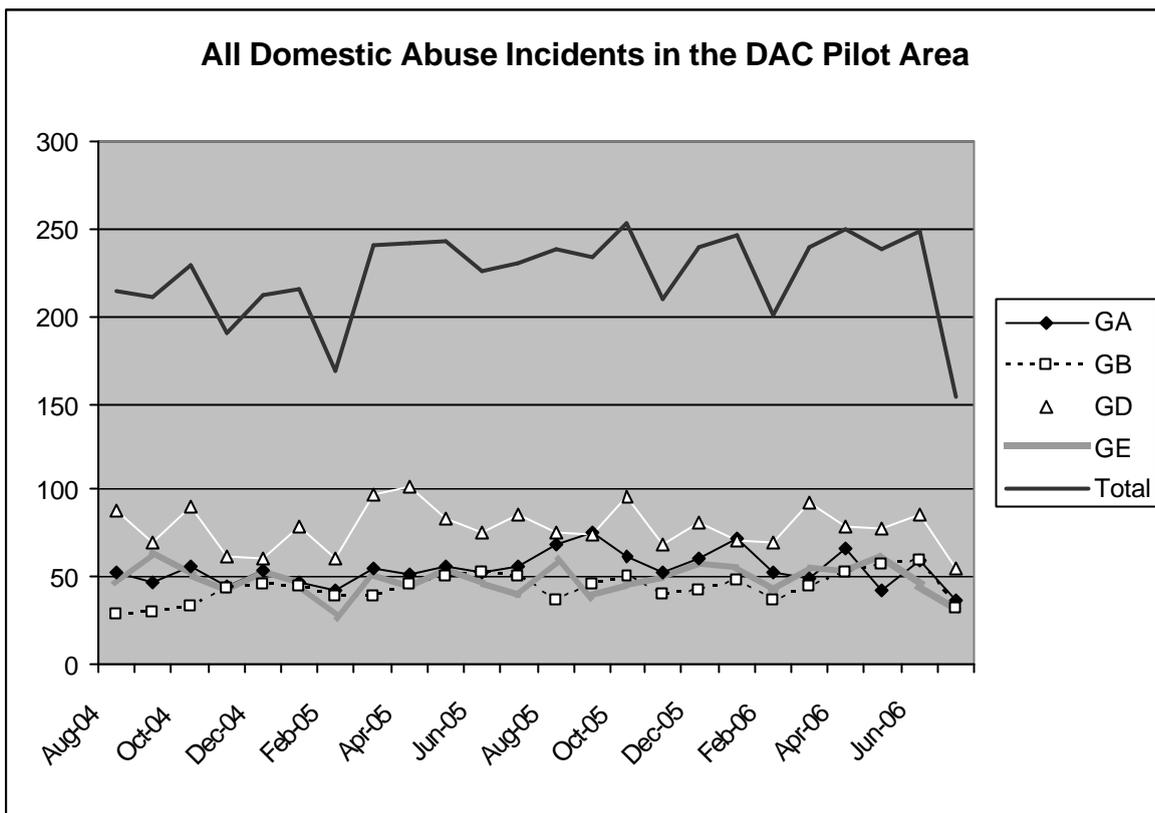
Another issue to note is the number of repeat referrals coming in every week. The peaks and valleys of this line are consistent with the other two trends. The implication of this is that a roughly consistent proportion of work is coming from repeat victims (in both 'quiet' and 'busy' times). This proportion equates to roughly 1.8 repeat referrals each week in year 1 and 3.6 each week in year 2. The increase in referrals to ASSIST is positive and reflects improved efficiency and multi-agency working, particularly given the relatively stable number of domestic abuse incidents reported to police in the pilot area (see next section). In other words, the increases do not reflect increases in the absolute level of domestic abuse in the pilot, but rather better working practices resulting in a higher level of appropriate referring to ASSIST.

Finally, the proportion of referrals coming from the Black and Minority Ethnic (BME) community has increased over the life of the pilot. To date, 31 BME referrals have been received by ASSIST.

ASSIST and the Police

Figure 4 below provides information about the volume of domestic incidents coming to police attention in the pilot area. The figure illustrates 2 years of data, including several months before the pilot started to the end of August 2006. The rates of reported domestic abuse are generally stable, after a noticeable increase in early 2005 (just after the inception of the pilot). Therefore it does not seem that the pilot has had the deleterious effect of reducing the willingness of victims to report incidents of domestic abuse to police (a common fear when an enhanced intervention such as the DAC is introduced in a community).

Figure 4: All Domestic Abuse Incidents in the DAC Pilot Area, Aug 04-Aug 06



Domestic Abuse Unit

Recall that each of the nine divisions of the Strathclyde Police has a Domestic Abuse Unit. The DAU serving the pilot area has two full-time and two part-time officers (known as Domestic Abuse Officers or DAOs), all of whom are specially trained in domestic violence. It has been shown that the DAU provides a very important function in terms of ensuring that ASSIST receives a larger proportion of referrals than would otherwise happen if incidents and reports from responding officers were not monitored in such a fashion. The DAU lead officer has also been important in problem-solving and working with members of ASSIST to improve performance. For example, in the future, this DAU officer will represent Strathclyde Police on the MAAG. Prior to this arrangement, a representative from G Division Case Management attended the MAAG. Both Case Management and the DAU attend the PF Liaison Meetings (discussed later in this chapter). A recent development is that a DAU officer will be located in the ASSIST offices in order to share information with advocates and improve performance.

It is obvious that quality policing is a vital element of any successful multi-agency approach to domestic abuse. The Glasgow pilot is no exception. It appears that there has been a two-way impact of the pilot on the police. Firstly, the police have been instrumental in shaping the pilot from an early stage and contributing to operational and strategic developments as they have arisen. There has also been an impact of the pilot on the police, in terms of improving police performance. For example, all officers in G Division had training at the start of the pilot. As one key informant noted:

“Since the Domestic Abuse Court Pilot commenced there has been a more informed approach to Domestic Abuse with a greater understanding of the role of all the internal departments that are involved in the Force’s response to Domestic Abuse.” [CJ]

Furthermore the improved working relationships of those in the pilot area mean that there is a clearer understanding of each agency's role in a successful court outcome. This seems to have had a positive impact on evidence collection:

"The quality of the police reports has improved since the implementation of the DAC. Police are more aware of what they need because Sheriffs are asking for more specific information, and the PF relays this back to the police. There is now more detail in the reports. The quality of evidence from witnesses is better from hearing cases within 6 weeks. There is a general better awareness on the part of police about securing more evidence." [CJ]

The police will always have a key role to play in any criminal justice intervention. It appears that in the pilot area their involvement has been crucial in not only the implementation of ASSIST and the DAC but also the on-going operational challenges and issues.

Perspectives on ASSIST

Police respondents were unambiguous in the view that the introduction of ASSIST in the pilot area had improved the service afforded to victims of domestic abuse.

"Now victims are getting better information and don't feel disillusioned. The last thing we want is for them to feel that it wasn't worth reporting and [therefore] not reporting again." [CJ]

"Service to victims in the pilot area is better across the board – everyone in this area is far more switched on to the difficulties faced by victims because of ASSIST." [CJ]

"[In the pilot area] victims get immediate intervention by ASSIST. Police don't do support – they aren't good at it. ASSIST are good at it, and they provide a single point of contact for the victim." [CJ]

Police respondent also were clear about the need for a dedicated agency, such as ASSIST, to provide support and assistance to victims of domestic abuse. As these quotes indicate, there was not any feeling of ASSIST providing a redundant service:

"ASSIST is key. Without an agency to pick up links with the victims and get them to court it wouldn't happen. Anecdotal evidence from [responding] officers is that they make all the difference. [This shows the] need for a dedicated agency – you can't tack this kind of responsibility onto an existing agency on top of everyone's existing workload." [CJ]

"ASSIST is about coordination rather than taking over other agencies' roles." [CJ]

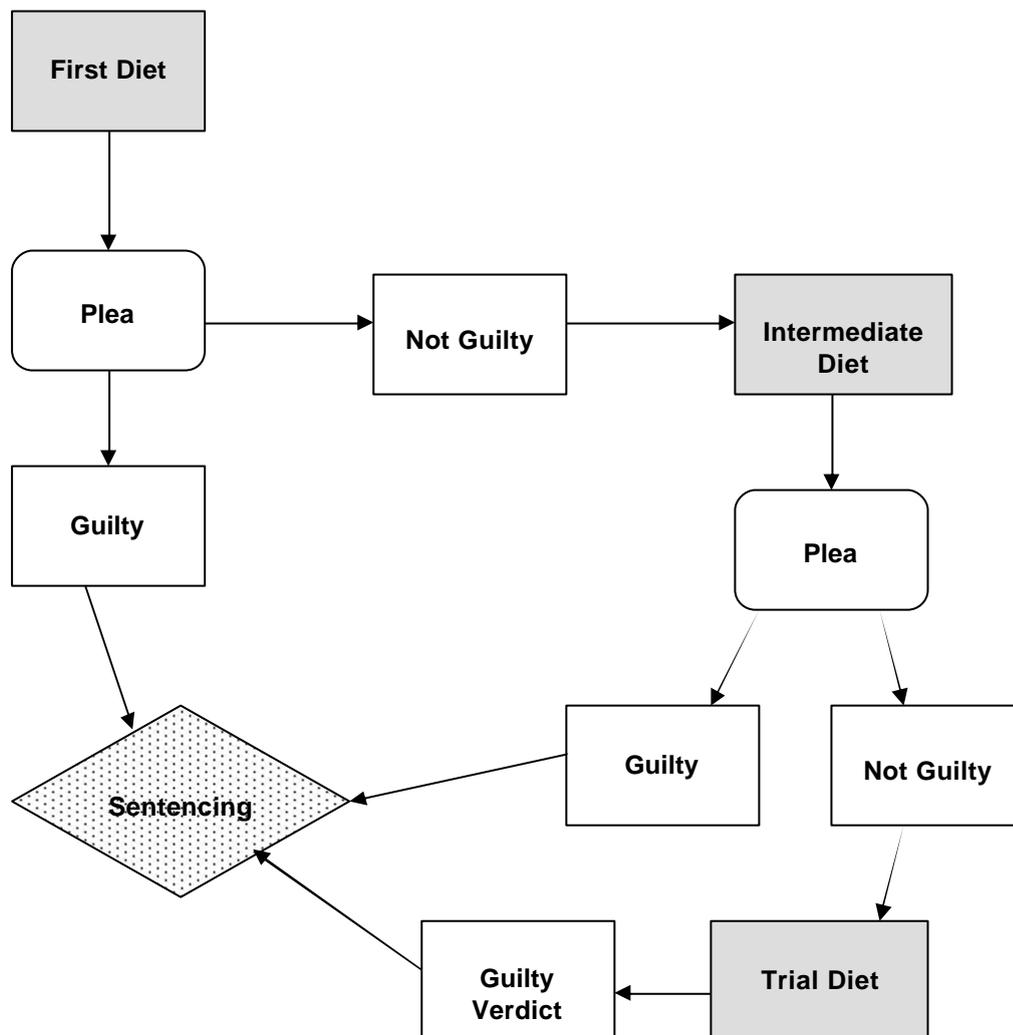
In conclusion, police perspectives on ASSIST were overwhelmingly positive and indicated the importance of criminal justice agencies working with community-based agencies to achieve successful outcomes. In fact, the sentiment was so positive that, without fail, police respondents mentioned their worry over the 'post-code lottery' (i.e., that only victims living in the pilot area – one area of Glasgow – receive this enhanced service, whereas victims living elsewhere in the city do not). For example:

"There needs to be expansion throughout Glasgow. The challenge is to remove the post-code lottery. There should be an equal standard of service across the city." [CJ]

Overview of the DAC

A diagram of the stages in a typical summary court case is provided below to illustrate the key stages of the process.¹⁵ Obviously, how a case is progressed will influence the advice and information required by victims from ASSIST.

Figure 5: Stages in the Progress of a Summary Court Case



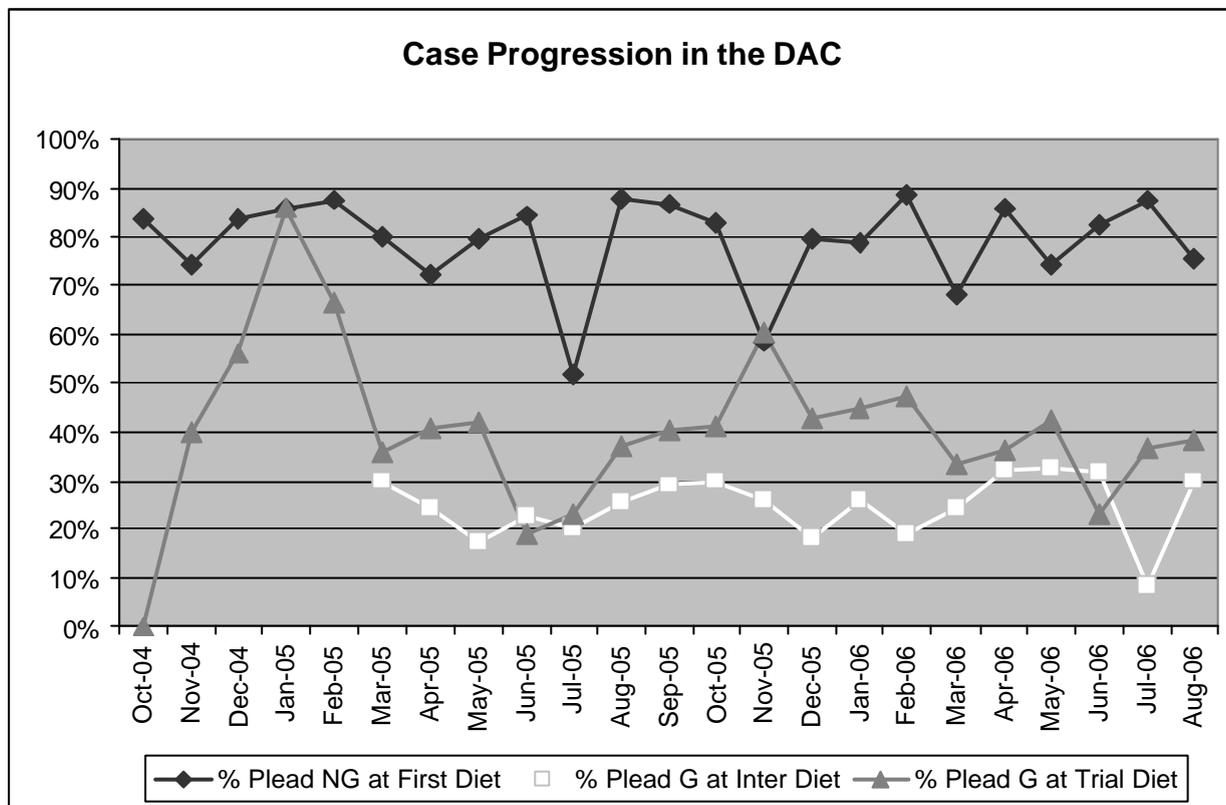
The *First Diet* is the first calling of the accused to court, also known as a custody hearing since most arrests for domestic abuse result in the perpetrator spending a night (or more, if over the weekend) in jail. A guilty plea at this stage would result in sentencing. A not guilty plea results in a date being set for trial.

The *Intermediate Diet* was established to determine whether the accused wishes to persist in his/her plea of not guilty. The ID was introduced in 1980 in recognition of the fact that changes to pleas on the trial day are very common. The ID attempts to reduce this inconvenience and waste of the court's time by providing another opportunity for a plea of guilty to be entered. The ID is Scotland's equivalent of the Pre-Trial Review (PTR) in England and Wales and as such is a key component of the specialized court process for domestic abuse cases in terms of 'speeding up the process'.

¹⁵ Adapted from Young, P. (1997) *Crime and Criminal Justice in Scotland* (page 41).

The *Trial Diet* is where the verdict will be reached. Because cases in the DAC are summary, this means that the Sheriff is responsible for both reaching the verdict and passing sentence.¹⁶ Most cases in the DAC are disposed of at the ID rather than TD. The graph below provides an overview of case progression in the DAC:

Figure 6: Case Progression in the DAC, Oct 04-Aug 06



Across the nearly two years of cases going through the DAC, it is evident that a large majority of defendants plead not guilty at the First Diet (79% on average), so that the case must be called to trial. This trend has remained fairly stable over time.

The white line in the graph above displays the proportion of defendants pleading guilty at the Intermediate Diet. On average about 25% of defendants plead guilty at this stage (thus, the majority persist in not guilty pleas). This trend has also remained consistent over time.

The grey line represents the proportion pleading guilty at trial. Of the number of cases going to Trial Diets, the percentage of defendants pleading guilty at this later stage (41% on average) seems to fluctuate more over time.

Overall, case progression in the DAC can be summarized as most defendants entering early not guilty pleas and continuing with these pleas at the Intermediate Diet. If they do plead guilty, they are more likely to do so at the Trial Diet rather than the Intermediate Diet. Over time, there does not appear to be much change in the proportion of defendants choosing to plead guilty at an earlier stage.

¹⁶ In solemn proceedings the jury would reach the verdict, and if found guilty, the Sheriff would pass sentence. In these more serious cases, the accused would first appear before the DAC even if the final destination of the case is the High Court. Therefore the DAC is involved in solemn proceedings.

ASSIST and COPFS

The other key player in the pilot, along with ASSIST and the police, is the Crown Office and Procurator Fiscal Services (COPFS). The DAC has had a dedicated Procurator Fiscal Depute to prosecute cases.¹⁷ One Depute was assigned to the DAC for its first year of operation, and then replaced by another dedicated Depute. Therefore in terms of running the DAC on a day-to-day basis, there has always been one point of contact from COPFS, which is in contrast to many other specialist court systems that might employ a pool of prosecutors. It was viewed by key informants as very helpful to have one designated Depute as a point of contact for the multi-agency working.

On a day to day basis, there is a lot of contact between the administrator at ASSIST and the COPFS administrator to ensure effective joint working. The COPFS administrator has contributed a great deal to the success of the operational relationship between her own agency and ASSIST. She also attends the PF Liaison meeting.

PF Liaison Meetings

PF Liaison meetings provide a regular meeting for problem-solving and sharing information. By all accounts, these bi-monthly meetings have proven to be extremely useful. For all parties, the meetings enable more in-depth understanding of the operational practicalities in other agencies. Ways to improve performance can be discussed and agreed. One example is the PF indicating that ASSIST reports needed to be more explicit about special conditions attached to bail (e.g., actually note that 'the woman is still in the house and would appreciate special conditions'). This kind of feedback enables ASSIST to produce the information most needed by the PF and the DAC. A similar issue arose in terms of the PF being concerned that police produce full statements in time for Intermediate Diets. The police representative issued a memo to officers and was responsible for thereafter monitoring the issue.

But the PF is not the only member of the meeting that benefits from attendance. All parties have the opportunity to bring up individual cases where they feel like the system failed. This enables better procedures to be developed for future incidents. The meetings also are a mechanism for improved accountability of the key agencies involved in the pilot, as actions agreed at one meeting are reviewed at the next.

ASSIST benefits by fully appreciating the workings of the DAC and legal issues, such as the corroboration of evidence, uncorroborated allegations, the use of non-harassment orders, and the system of delivering warrants. It also provides an opportunity for ASSIST to query behaviour that does not seem to be consistent with the aims and objectives of the pilot. For example, when referrals to ASSIST from reporting officers decreased over time, this issue was addressed at a PF Liaison meeting. The DAU agreed to email all officers and the proportion of referrals made by reporting officers subsequently increased to the original figures.

Importantly, the PF Liaison Meetings allow criminal justice representatives to appreciate the issues and perspectives of victims. For example:

"It is very helpful for me because [ASSIST] provides a direct link to the victim; for example, a victim's perception that a warrant has been issued when it hasn't. Because we understand the process we don't necessarily communicate it that well to the victim... ASSIST allows us to [recognize this and fix it]. ASSIST highlights the issues for the victim and brings the victim's needs back to the table." [CJ]

¹⁷ However it appears that training for the dedicated PFs assigned to the DAC could be enhanced. Whilst they have accepted a session on Risk Assessment to be delivered in November 2006 (2-years into the pilot), there is not a specialist prosecutor training programme similar to that being planned in England and Wales as part of the SDVC expansion under the Home Office.

Perspectives on ASSIST

The perspectives of COPFS respondents on ASSIST were very positive. The support and advocacy provided by ASSIST benefits not only the individual victims but also the DAC in terms of its decision-making.

"I can honestly say that COPFS Glasgow and especially the team working in the pilot domestic abuse court have come to work very closely with ASSIST and find their support to victims and their provision of information to the prosecutor most valuable." [CJ]

"ASSIST provides an essential part of the multi-agency working, by supporting victims they provide valuable information to the court about risk assessment so decisions in court can be made with full knowledge – the safety of the individual victim can be taken into account – this helps prevent re-offending and lowers recidivism (e.g. by having careful bail/remand decisions being made)." [CJ]

"The difference that ASSIST makes is a dual role: 1) individual advocacy for the victim and 2) institutional advocacy for the court." [CJ]

COPFS respondents also acknowledged the practical benefit to the court from having a dedicated agency to support victims coming to court:

"There is less waste because there are higher numbers of victims attending court to give evidence and fewer cases where they fail to appear. ASSIST have had a big impact in gaining more willing participation and better quality of evidence. There are able to extol the benefits of the court process to victims." [CJ]

"ASSIST have a high uptake and can empower victims to attend court. But also the cases are coming to court faster (within 6 weeks) and this makes a big difference. The PFs are fully prepared and there is consistency in the DAC. ASSIST plays a crucial role in providing information to the court that would not normally be available." [CJ]

"Observation at court over the last year is that Sheriffs are more likely to call for background reports – they are getting more information about the accused and asking PFs for up-to-date information about the complainers [victims]. This information we have comes from ASSIST. In general they [Sheriffs] have far more information about the accused and the complainer and the entire family before passing sentence." [CJ]

In conclusion, the working relationships between ASSIST and COPFS are very productive. From the implementation of the pilot through to present day there has been a need to refine, adjust and improve the working practices of all involved agencies. Day-to-day contact between the COPFS and ASSIST is necessary for the smooth and effective running of the DAC. The use of PF Liaison Meetings has proven a useful method to trouble-shoot and to keep partner agencies involved and accountable.

The usefulness and necessity of the service provided to the court by ASSIST is symbolized by the recent move from advocates being located 'in the audience' to 'in the well' with the other court officials. Thus they are recognized both practically and symbolically as a key player in the DAC.

Conclusion

In this chapter the workload of ASSIST was described in terms of the overall volume of referrals over the study period as well as the impact of ASSIST on other key agencies involved in the pilot (namely the

police and DAC officials). To date, ASSIST has taken more than 1300 referrals and this equates to about 14 new referrals each week. The number of referrals to ASSIST has steadily increased over time, and reflects good working practices on the part of responding officers and officers in the DAU. The police, ASSIST and the dedicated PF in the DAC have worked together consistently and efficiently to improve practice, problem-solve and share information. As evidence provided in this chapter as well as the previous chapter has shown, ASSIST appears to be successful at bringing *services together* in a multi-agency framework in order to meet the needs of individual victims.

It is important to remember that the service provided by ASSIST is not limited to the individual victims, but impacts positively upon the partner agencies in terms of improved performance in meeting their own targets (e.g., better trained police, quality evidence gathering, increased victim participation at court, fully informed bail conditions, etc.). All agencies are agreed that the response to victims of domestic abuse in the pilot area has improved as a result of the new arrangements, and that successful criminal justice outcomes depend on dedicated support agencies like ASSIST bringing the 'victim's voice' to the table.

The next chapter documents the impact of ASSIST on victims' safety and quality-of-life.

5. ASSIST and Victims' Safety

This chapter documents the impact that ASSIST had on the key outcome of increased safety for victims of domestic abuse and their children. As stated in the methodology, the primary forms of data used to assess whether this outcome was achieved were exit interviews conducted with victims after the DAC case was finalized. Additionally, information about the strategies and actions taken for very high-risk victims is provided to document the effectiveness of taking a multi-agency approach for extremely vulnerable women (through discussion of their individual cases at the MAAPs). First, however, it is necessary to understand the types of issues confronting victims of domestic abuse coming to ASSIST and their levels of risk. Safety outcomes must be understood in the context of where victims are starting from in terms of their family circumstances, abusive relationship histories, etc.

The data analyzed in this chapter cover one year's worth of victims referred to ASSIST – from 1st Feb 2005 through 31st January 2006. In total this represents 714 cases, where each case represents a unique victim (some of whom had multiple referrals over the study period). Table 5 provides a demographic overview of the sample of victims.

Table 5: Demographic Characteristics of Victims

Variable	Value	Frequency	Percent
Total number of referrals	1	592	82.9
	2	84	11.8
	3	20	2.8
	4	8	1.1
	5	6	0.8
	6	4	0.6
Victim's gender	Male	27	3.8
	Female	687	96.2
Victim's age at time of referral	20 or younger	43	6.0
	21 thru 30	204	28.6
	31 thru 40	218	30.5
	41 thru 50	124	17.4
	51 and over	31	4.3
	Missing	94	13.2
Victim's ethnicity	White Scottish	656	91.9
	White Other	8	1.1
	BME Asian/Muslim	34	4.8
	BME Black	4	0.6
	BME Other	2	0.3
	Missing	10	1.4
Victim is cohabitating with perp	No	376	52.7
	Yes	295	41.3
	Missing	43	6.0
Number of children in residence	0	290	40.6
	1	188	26.3
	2	145	20.3
	3	56	7.8
	4	29	4.1

	5	4	0.6
	6	2	0.3
N=714 cases			

As can be seen from Table 5, the majority of victims are female (96%) and between the ages of 21 and 40 (the average age at time of referral was 33). Only 40 of the 714 victims (5.6%) were from BME (black or minority ethnic) communities. In roughly 4 in 10 cases, the victim was living with the perpetrator at the time of referral, and 6 in 10 had children living with them in the residence. Regarding repeat victims, 122 or 17% of the victims in this sample had more than one referral during the 12-month period.

Risk Assessment

Of the 714 cases, 463 (65%) had risk assessments conducted by advocates with victims during the initial stage of contact. Reasons for the 251 cases (35%) where risk assessment data could not be obtained include:

- ASSIST not being given a current telephone number at the time of the initial referral;¹⁸
- ASSIST not being able to make contact with the victim after trying unsuccessfully for three days;
- The victim's lack of engagement with the process despite accepting a referral (e.g., maybe she just wants court information, or is committed to a reconciliation with the perpetrator, or for whatever reason finds talking about the abuse in the depth required to complete the risk assessment too difficult).
- Language barriers can also prevent a risk assessment from being completed. Despite the use of interpreters, it may be after 24 hours before a suitable interpreter can be found. Furthermore, if the victim is from a small community, she may not want to tell the Advocate about the full extent of the abuse.

The risk assessments were significantly more likely to be completed when the victim was a repeat client, or when the victim had children. For other indicators (e.g., sex, BME, age) the likelihood of the risk assessment being completed did not vary. In Table 6, the prevalence of the risk factors revealed by the risk assessment process is provided to illustrate the types of issues facing victims of domestic abuse coming to ASSIST.

Table 6: Risk Factors in order of Prevalence

Variable	Frequency	Percent
Previous/future relationship separation	357	77.1
Partner/ex is jealous/controlling	335	72.4
Escalation of abuse	282	60.9
Victim is very frightened	260	56.2
Victim afraid of further injury or violence	250	54.0
Partner/ex has alcohol problems	241	52.1
Partner/ex has criminal record	228	49.2
Incident has resulted in injuries	182	39.3
Conflict over child contact	133	28.7
Criminal record is DA related	115	24.8
Victim is isolated from friends/family	105	22.7

¹⁸ At the beginning of the pilot, the DAU used to visit the victim to obtain a correct telephone number. Due to resource limitations, they have been unable to continue with this practice. With the deployment of a police officer at ASSIST who will be aware of the impact of such an omission, it is hoped that this issue can be revisited. ASSIST also raised the issue during the training provided to Sergeants earlier this year.

Victim afraid of being killed	90	19.4
Partner/ex has threatened to kill victim	83	17.9
Incident involved the use of weapons	61	13.2
Partner/ex has mental health problems	58	12.5
Victim afraid of children being harmed	54	11.7
Injuries cause significant concern	50	10.8
Partner/ex has attempted to strangle/choke	50	10.8
Partner/ex has drug problems	48	10.4
Jealousy/control causes concern	41	8.9
Partner/ex has threatened to kill himself	39	8.4
Sexual abuse	35	7.6
Partner/ex has access to weapons	34	7.3
Partner/ex experiencing financial problems	30	6.5
Victim is pregnant	17	3.7
Partner/ex has threatened to kill children	14	3.0
Victim has suicidal thoughts	13	2.8
Use of weapons causes significant concern	12	2.6
Partner/ex has threatened to kill others	6	1.3
Partner/ex has threatened to kill other partner	5	1.1
N=463 risk assessments		

The table above illustrates the range of issues confronting the victims that ASSIST is attempting to support. The most frequently occurring risk factors are that the partner/ex behaves in a very jealous or controlling way, and that there is a relationship separation either impending or on-going (both of these factors prevalent in more than 7 in 10 cases). A significant majority (6 in 10) report that the abuse has become worse or is happening more often, and nearly the same proportions of victims report being very afraid and being afraid of further injury or violence.

About half of victims report that their partner/ex has or had a problem with alcohol use, and similarly about half have a criminal record (with one-quarter related to domestic abuse). Of the 241 ex/partners with alcohol problems, 31 also had mental health problems and 21 also had drug problems. These statistics point to the importance of 1) addressing problematic alcohol/drug use as a vital feature of any multi-agency approach to domestic abuse, as it impacts upon so many families that are also dealing with domestic abuse, and 2) that domestic abusers are often already known to the authorities in terms of their offending. Therefore they can be considered repeat or prolific offenders which deserve the attention and surveillance of specialized criminal justice processes (such as ASSIST and the DAC).

Victims were injured as a result of the current incident in 4 in 10 cases. In 50 of these 182 cases (28%), the injuries caused the advocate responding to the case 'significant concern'. These statistics compare to a similar proportion of injured victims in the evaluation of the Women's Safety Unit in Cardiff (see Robinson, 2003). Also similar to results found in Cardiff, when ex/partners had drug or mental health problems they were also more likely to injure the victim during the abusive incident.

Nearly one-third of victims reported conflict with their ex/partners over child contact. Given that 60% of victims reported having children living with them, this translates into nearly half of the cases involving children experiencing some form of conflict over contact arrangements. Therefore the impact of domestic abuse on children must be understood not only in terms of how witnessing or experiencing the abuse themselves may be detrimental to their health and well-being, but also their likely realization (especially among older children) that they are a *cause* of conflict and violence in the home – and the obviously negative impact this must have on them.

Furthermore, of the 309 cases where there were children in the home (and risk assessments were completed), 48 cases (16%) included a victim disclosure that she was fearful of the children being harmed, and in 14 cases (5%) the victim reported that the partner/ex had threatened to kill the children. That children are present in a majority of households experiencing domestic abuse, the frequency with

which contact arrangements are a source of conflict in an atmosphere where conflict is typically addressed with violence, threats and/or abuse, and their mother's explicit concern for their welfare means that the physical and emotional risk facing these children cannot be overstated.

Relationships between Risk Factors

A full correlation matrix that documents the relationships between all of the risk factors can be found in Appendix F. Of the 29 individual risk factors, some were more likely to be related to other risk factors than were others. The following factors are most likely to be related to other risk factors:

- Victim is afraid of being killed (related to 24 other risk factors)
- Perp has threatened to kill victim (related to 22 other risk factors)
- Victim is afraid of further injury or violence (related to 20 other risk factors)
- Victim is very frightened (related to 19 other risk factors)
- Victim is afraid for the children (related to 17 other risk factors)

What is striking is that these findings point to the importance of paying attention to the victim's fear and her intuition about the future harm posed to herself (and the children) by the accused. Furthermore, all of the relationships are positive, meaning that they increase rather than decrease the likelihood of the other risk factors being present.

Ex/partners exhibiting jealousy and controlling behaviour, and conflict over child contact were two other risk factors that were positively related to many other risk factors (16 each). These echo findings from the analysis of risk factors facing very high-risk victims in Cardiff, which showed that jealous/controlling perpetrators were significantly related to a majority of other risk factors (see Robinson, 2006).

One notable exception to the trend of positive findings, however, is the victim being pregnant, which was negatively related to 4 other risk factors. Pregnant victims were significantly *less* likely to report that: their ex/partner had threatened to kill them; there had been an escalation of abuse; they were afraid of further injury or violence; or that they were afraid of being killed. There are two possible interpretations for this finding. The first is that pregnant victims are more likely – for whatever reason – to minimize the risk posed by their abusive ex/partners than non-pregnant victims. This raises the question of whether they are also less likely to disclose risk factors to advocates when they do recognize them (i.e., are not minimizing). The second is that, due to their pregnancy, they are less likely to actually experience threats or escalation of abuse. The Cardiff research also showed counter-intuitive findings with regard to pregnancy as a risk factor, because it was unrelated to all the other risk factors.

These research findings relating to pregnancy as a 'risk factor' are difficult to understand, because they go against the notions held by frontline workers whose experience tells them that pregnant victims are at increased risk. It is consistent, however, with the findings from a recent review of the research on pregnancy and domestic violence, which found that the available evidence is contradictory about whether pregnancy increases a woman's risk of domestic violence (Jasinski, 2004). However there is an insufficient body of knowledge generated from specially-designed studies on pregnancy and domestic violence. It could be that the actual time of increased risk is immediately post-partum, but this warrants further investigation.

Risk Classification

Table 7 (next page) documents how these risk factors were classified into an assessment of the victim's overall risk, by categorizing the victim at a 'standard', 'medium', 'high', or 'very high' risk of further abuse or violence. Recall that the risk classification procedure changed about midway into the study period for this sample of cases, which explains why the categories of 'medium' and 'high' are underused (because they were disbanded).

Table 7: Risk Scores and the Classification of Risk

Total Risk Score	Risk Classification					TOTAL
	Incomplete	Standard	Medium	High	VHR	
0	2	2	0	0	0	4
1	4	12	0	0	0	16
2	7	25	0	1	0	33
3	2	48	0	0	0	50
4	0	39	1	1	2	43
5	1	29	1	4	1	36
6	1	22	2	0	2	27
7	0	1	0	3	54	58
8	1	0	0	1	37	39
9	0	3	0	0	34	37
10	0	1	0	0	29	30
11	0	0	0	0	32	32
12	0	0	0	0	19	19
13	0	0	0	0	16	16
14	0	0	0	0	13	13
15	0	0	0	0	6	6
16	0	0	0	0	3	3
22	0	0	0	0	1	1
TOTAL	18	182	4	10	249	463

As Table 7 shows, the classification of risk scores is not an exact 'science', although several trends are apparent. First, 182 victims were classified as at 'standard' risk, with the majority (but not all) of these having fewer than 7 'yes' responses to the risk assessment form. Of the 463 risk assessments, 249 (54%) resulted in the victim being classified as very high risk (VHR). This proportion might even be greater if those designated as 'incomplete' were able to be completed. In some cases, advocates noted that victims did not want to engage, or were minimizing the risk. Thus, for some cases with a low total score, the advocate was in effect issuing a warning that the actual risk might be much higher.

With additional resources it might be possible for ASSIST to provide some kind of follow-up contact with the victims that have not been risk assessed. In effect, this would provide a safety net to those victims who chose not to initially engage with ASSIST, and would allow Advocates to assess levels of risk and re-victimisation amongst victims in their 'cold case files'. However under current resource constraints this is unrealistic.

The lack of perfect fit between the Total Risk Score and the Risk Classification should be viewed positively, as this means that advocates are using their judgment and experience to make the final classification, rather than simply adding up the number of 'yes' responses. The policy about classification (<7=standard, 7+=VHR) is a rough guide that seems to work in the majority of cases. Importantly, however, the risk classification at ASSIST still incorporates advocates' judgement and discretion.

Changes in Victims' Safety

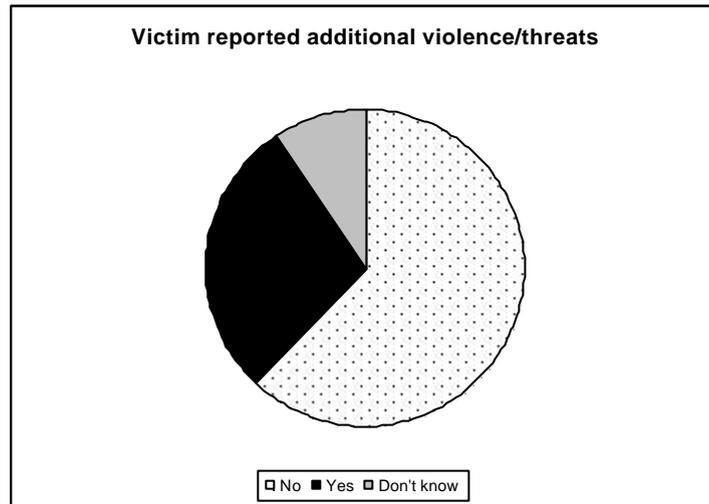
Recall that victims' safety and quality-of-life was assessed during a follow-up telephone call from the advocate at the time the case was being closed. During this telephone call, five questions were asked in order to provide some indication as to how things had changed after the ASSIST/DAC intervention. Results from this exercise are presented in the sections that follow. In total, 202 victims were able to complete an exit interview.

Physical Abuse

Figure 7 depicts the proportion of victims that confirmed in their exit interview that they had been subjected to additional violence and/or threats since having been in contact with ASSIST. Specifically, 58 of the 202 victims contacted for an exit interview (29%) reported experiencing this type of re-victimisation.

The experience of repeat physical abuse or threats did not vary significantly according to the victim's gender, ethnicity, age or whether the victim and perpetrator were living together.

Figure 7: The Prevalence of Repeat Violence and/or Threats



Emotional Abuse

The graph below depicts the proportion of victims that confirmed in their exit interview that they had been subjected to additional emotional abuse since having been in contact with ASSIST. Specifically, 56 of the 202 victims who completed an exit interview (28%) reported experiencing this type of re-victimisation.

The experience of repeat emotional abuse did not vary significantly according to the victim's gender, ethnicity, age or whether the victim and perpetrator were cohabitating.

Figure 8: The Prevalence of Repeat Emotional Abuse

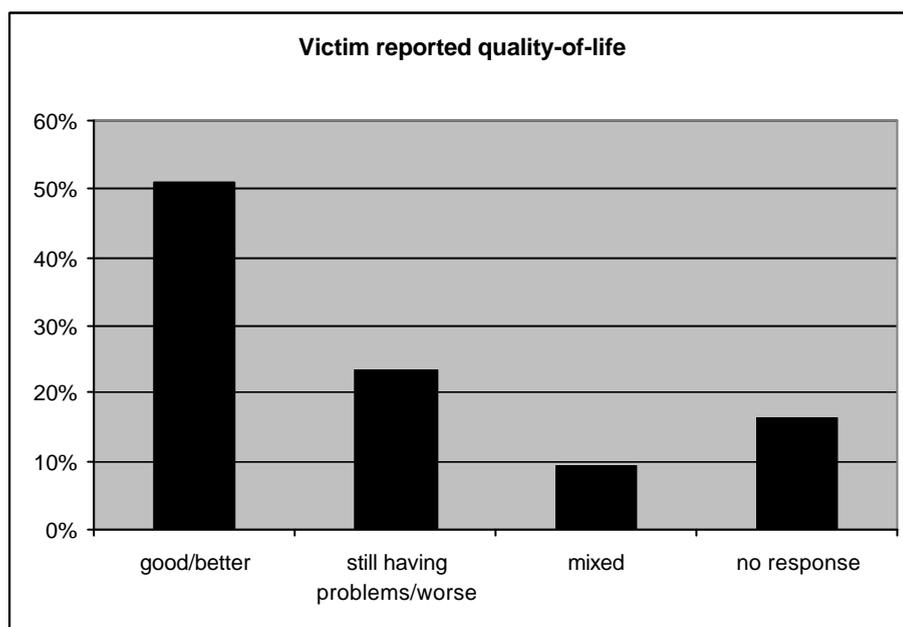


Thirty-six of the 202 victims interviewed (18%) reported experiencing both physical and emotional re-victimisation.

Changes in Victims' Quality-of-Life

Victims were asked whether their overall quality-of-life had changed, and if so whether it was for the better or whether there were on-going problems or issues they were experiencing. For ease of interpretation, their responses were coded into four categories: good or better; still having problems or worse; mixed; or no response. Results from the 202 exit interviews are presented below.

Figure 9: Victims' Overall Quality-of-Life



The figure demonstrates that nearly one-quarter of responding victims were still experiencing problems relating to the abusive incident, or indeed had felt that their situation had grown worse. Some examples of comments falling into this category:¹⁹

- Have found whole process very draining. Still dealing with aftermath. Will move in near future and will take long term safety precautions to be prepared for his release in 9 months.
- Not brilliant. Struggles to pay bills and is drained by the constant harassment.
- "Worse since fleeing to refuge. [I] had to leave a nice comfortable home to live in temporary accommodation."
- Is thinking about moving as she doesn't think he will ever leave her alone.
- Depressed and anxious. Long history of abuse but better off without him if only he would stay away.

About 1 in 10 noted some positive and negative features of their overall quality-of-life; thus their responses were classified as 'mixed'. In general, this category reflects the long-term consequences of the abuse– victims often felt there had been improvements but were also dealing with some negative repercussions of the abuse and/or the criminal justice response. Some quotes from this category are as follows:

- Ok. Feeling a bit lonely but now has a SW [social worker] who is helping her find social activities.
- Better generally though teenage daughter sometimes uses issues of her father against her.

¹⁹ Quotation marks signify a direct quote from the victim; otherwise their experiences have been paraphrased by the advocate undertaking the exit interview with the victim.

- “I have felt lonely since and am very upset to leave my house. I didn’t have much money but I made it beautiful and it’s hard to start all over again. But I will make [the next] one even better.”
- “[It’s] hard to say whether it is better. I don’t regret calling the police. It had to be done and he had to see that he couldn’t carry on the way he was. My son thinks I called the police on his Dad and is angry with me.”
- “[I’m] getting there but gutted that he only got a fine. But [I] would still go through phoning the police again.” She feels that she should have done it a long time ago.
- Accused is no longer drinking but [there are] very acrimonious discussions regarding the marital home.

Importantly, just over half of victims responded that their quality-of-life was much better as a result of the ASSIST/DAC intervention into their lives. The following quotes exemplify their sentiments:

- Feeling “as high as a kite” - having a women only party on Saturday.
- Life is far better. Happier. Kids happier, school teachers have also noticed this also.
- Good. She is glad she took the complaint forward. Has plenty of support from family and friends.
- “[I] feel a lot better. Happy to have moved house. I am a happy person now and was unhappy before. I look better and I feel better when I wake up in the morning.”
- “Okay - he realises now that I will report him and he seems to now want to address his behaviour. [I] would definitely call the police again.”

Issues that appear to unite victims of domestic violence in terms of their quality-of-life and feelings of safety and happiness refer to their children and their housing situation. The quotes listed above as well as other research evidence (cites) shows that these are vital issues to ‘sort out’ if victims are going to be able to move on following the trauma of domestic violence (and police/court involvement). These also were the most frequently mentioned topics when victims were asked about any recent ‘significant events’ that had a bearing on their quality-of-life.

The quality-of life reported in the exit interviews did not vary significantly according to the victim’s gender, ethnicity, age or whether the victim and perpetrator were cohabitating. Not surprisingly, however, victims’ quality-of-life did vary according to whether they had reported repeat emotional abuse, violence or threats. Specifically, victims were less likely to report an improved quality-of-life when they had experienced repeat victimisation (either mental or physical abuse). Regardless, there were still victims who felt their quality-of-life was better even though they had reported additional victimisation, just as there were victims who reported an overall poor quality-of-life even though the accused had not subjected them to repeated victimisation (because, for example, he was in custody). These findings serve as a useful reminder that there are always exceptions to general trends, and that the group being discussed is comprised of individuals, all of whom have unique background experiences, and are dealing with situations that have had, or continue to have, a profound impact on their lives.

Risk Assessment and Victim Safety

Of the 202 completed exit interviews, 176 also had risk assessments completed. Therefore for 176 cases we can determine whether the initial risk classification was related to subsequent threats or abuse. In other words, is the risk assessment process accurately identifying those victims most at risk for repeat victimisation?

Table 8: Risk Classification and Repeat Victimisation

Exit Data		Risk Classification				TOTAL
		Standard	Medium	High	VHR	
Victim reported additional violence/threats	No	5	47	0	55	107
	Yes	0	9	1	44	54
	Total	5	56	1	99	161
Victim reported additional emotional abuse	No	5	40	0	53	98

	Yes	0	14	1	37	52
	Total	5	54	1	90	150
Victim reported both types of re-victimisation	No	5	53	0	75	133
	Yes	0	5	1	28	34
	Total	5	58	1	103	167

As Table 8 documents, for each of the three follow-up measures of repeat victimisation, the majority were initially classified as very high-risk (VHR). Specifically, 44 of the 54 cases where the victim reported additional violence/threats were classified as VHR. For those 52 victims who reported experiencing additional emotional abuse, 37 were initially classified as VHR. Finally, out of those 34 victims that reported both types of re-victimisation, 28 were classified as VHR during the initial intake assessment.

It appears that the risk assessment procedure is accurately identifying those most at risk of repeat victimisation. However it is important to note that, of the 103 cases where the victims were classified as VHR, the majority did *not* experience additional forms of repeat victimisation. This means there is not a 'perfect fit' between the risk classification and subsequent victimisation – the RA process is better at predicting failure than success. Another caveat to the findings is that the follow-up period is relatively short and therefore more successes could turn into failures, thus confirming the advocate's initial assessment of the victim as VHR.

What about the individual risk factors? Table 9 shows those that were significantly related to repeat violence or repeat emotional abuse (or both).

Table 9: Individual Risk Factors and Repeat Victimization

	Repeat Violence/Threats		Repeat Emotional Abuse	
	No	Yes	No	Yes
Risk Factor				
Partner/ex has criminal record	16%	44%	24%	34%
Criminal record is DA related	21%	54%	25%	41%
Partner/ex is jealous/controlling	10%	35%	19%	32%
Previous/future relationship separation	10%	35%	10%	34%
Conflict over child contact	22%	45%	18%	48%
Escalation of abuse	20%	37%	22%	34%
Victim is very frightened	15%	42%	18%	38%
Victim afraid of further injury or violence	17%	41%	21%	36%
Victim afraid of being killed	23%	58%	25%	45%
Victim afraid of children being harmed	27%	54%	28%	38%
Boldface indicates a statistically significant increase (p<.05).				

The findings displayed in Table 9 should send a clear message about paying attention to the 'usual suspects' with regard to assessing risk – namely, criminal records, jealousy/control, relationship separation, conflict over child contact and the victim's fear. All have been shown to be important risk factors in terms of increasing the likelihood of other risk factors being present and also for their predictive ability because they are related to subsequent physical and mental harm.

The table above further highlights the importance of asking victims about their fear and their perception of their own risk, as they have been shown to be correct. When victims are very frightened, when they report being afraid of further injury or violence, when they are afraid of being killed, and when they are afraid of their children being harmed, they are far more likely to be subjected to additional violence,

threats and emotional abuse. This is additional, powerful evidence about the importance of taking a more victim-centred approach to criminal justice that enables the voices and experiences of victims to be documented by trained professionals, valued by officials, and fed back into the system.

In conclusion, it is still apparent that risk assessment and classification is dependent on the good judgment and experience of trained advocates, rather than a simple matrix that can be completed by anyone with access to victims of domestic abuse. The 'science' of risk assessment is still in its infancy, and complex lives and dangerous situations cannot simply be reduced to a tick box form. It is important that a sophisticated understanding of domestic abuse and knowledge of risk is combined with an environment (both physical and human) that is supportive of victims, and helps them to feel comfortable disclosing features of their personal lives, in order to produce a process of risk assessment and classification that can help to identify those victims who are most vulnerable and at risk of further harm. This research adds to the growing body of evidence about the crucial role played by Advocates in providing an improved response to victims of domestic abuse.

Victim Satisfaction with ASSIST

Feedback from clients was overwhelmingly positive. The quotes below provide useful examples of what was valued: individual attention; kind and helpful contact from ASSIST staff; timely information about the court process; and improved safety and quality of life.

- "This is such a great service – I had no idea there was so much help out there."
- "I would have done this years ago if I'd known what help was available."
- "You've got me through today and I feel so much stronger."
- "This is the first time I have felt listened to and the first time my needs have been thought about by the system."
- "I feel like I am the only person in the world, the way ASSIST has treated me."
- "Last night was the first time I've been able to wear my pyjamas to bed in years – I always wore my clothes so I could be ready to run"
- "Your organization is fantastic. It has been a real lifeline."
- "Don't think I'd have got through this without ASSIST. They have made sure that I've been linked in and kept up to date."
- "I plan to reconcile with my husband but I am in a better position now because I know there is support out there and I do not need to live with abuse."
- "I don't know how I am going to thank everyone at ASSIST. I don't know where I would have been without the support. You have phoned me all along the way to make sure I'm alright. You are absolutely fabulous. I didn't think services were like that anymore where everyone is so kind and helpful."
- "At last I feel able to trust someone enough to tell the truth about my situation and I know I won't be judged – I will be supported."
- "That advice was worth its weight in gold what you told me."
- "You were a tower of strength and it was so important knowing there was someone in that courtroom on my side, especially as I felt torn to ribbons by the defence lawyer."
- "I'm very glad I've got you as my advocates as no-one else seems to be listening."
- "I've got plenty of support. Feel much better. The wee one's back at school and I'm going to the gym. I'm not going out myself yet but it's a start and I'll get there."
- "It was good to have someone checking in after it first happened because I was confused and you helped me to know what I wanted to do. Now I'm strong and can do it on my own."
- "It was really nice to have someone to talk to and explain things when you don't know what's happening. Everyone's been really nice and helpful. Let them all know thanks from my daughter and myself."
- "I have suffered over 40 years of abuse, and rang the police for the first time after reading about ASSIST and the DAC in the paper."

The following quotes remind us that, in spite of all the support and individual advocacy provided to these victims, there still can be dissatisfaction with criminal justice intervention:

- About being a witness "No matter how many times people say you'll be alright, there's police there, he can't get you, you don't feel that. You feel all the fear, and sick with it."
- "I wish I'd never started this process – my life is a complete mess since he was arrested."

- “I won’t call the police again if I’ve been drinking. His lawyer made me feel like it was my fault, like I’d done something wrong.”

Helping Very High-Risk Victims

Impact of the MAAPs

Recall from Chapter 3 that the MAAPs are designed as monthly meetings, attended by partner agencies to address the safety issues of very high-risk victims. They are modelled on the MARACs which have been implemented in other areas and shown to be successful in reducing repeat victimisation amongst the most at-risk women.

While the current research is not able to comprehensively evaluate the process and outcomes of the MAAPs, the monitoring of MAAP cases (undertaken by ASSIST staff) is useful to show the types of actions agreed at these multi-agency meetings. The following are useful examples:

- The Procurator Fiscal agreeing to prioritize a particular warrant, to look at amalgamating a series of incidents to pursue a charge, to investigate the possibility of an NHO (non-harassment order), to check on the disposal of a previous case.
- ASSIST to contact prison to stop threatening calls made by perpetrators in custody, to check if the victim has been offered a referral to the Social Work Community Addiction Teams), to inform police of nursery details so that community officers can watch for offender.
- Social Work ensuring that as much information as is possible put on the SER, chasing up warrant for offender non-attendance at Supervised Attendance Order, sending a worker with an interpreter to check that the victim understands her options.
- Police to investigate the provision of an alarm for the victim, police to check on whether a NHO has been served.

Those involved in implementing and participating in the MAAPs have noted their positive features in terms of improving safety for the most vulnerable victims. They have acknowledged the added work that such arrangements require on the part of involved agencies, but similar to practitioners in other areas working with multi-agency interventions for very high-risk victims, they are convinced that such action is crucial for increasing victims’ safety.

“The setting up of the MAAP has been to everyone’s advantage, particularly the survivor.” [VS]

“MAAPs are a cracking idea, and fit in with police NIM and tasking to identify most at risk victims.” [CJ]

As discussed previously, the identification of the MAAP victims is decided by the ASSIST Coordinator on the basis of information provided by the advocates and the risk assessment completed with the victim during intake. This responsibility has added substantially to the workload of ASSIST staff, and has weighed heavily on the Coordinator, who is aware that due to resource limitations, not all VHR cases can be referred to the MAAP. Therefore she has had to use her experience and judgment to decide which of the VHR cases should be referred to the MAAP. Furthermore, again due to resource constraints, there have been one or two cases where the victim was not informed that her case was going to be discussed at a MAAP. The following quote indicates her feelings about this:

“There have been one or two situations where we were unable to contact the client before the MAAP and so I had a very difficult decision to make as to whether I went ahead or not. Resources are an issue because of the tight timescale, but the other issue is that I felt her risk was such that she was in real danger if other agencies were not aware of it. However, it sits very uneasily indeed with me that she is being discussed without her knowledge. In the end, I took the decision to go ahead and rely on my gut feeling of danger. On the other hand, some women are very pleased that the situation is being discussed, as it’s an indication that her situation is being taken seriously.”

Further research is necessary to document the full impact of the MAAPs – not only on the individual victims themselves but also the participating agencies. In particular, resource and workload issues need to be investigated. It also would be useful to follow-up with VHR victims to assess their perceptions of the MAAPs and the subsequent impact of MAAP actions on their safety and quality-of-life. However at this early stage it is possible to conclude that the MAAPs are a vital component of the improved response to domestic abuse undertaken by agencies working in the pilot area.

Conclusion

This chapter presented the results of analyses conducted on one-year's worth of referrals to ASSIST. This included risk assessments with 463 victims and exit interviews with 202 victims. Findings indicated that, of the 30 risk factors assessed during the intake interview, the three most frequently occurring risk factors were (1) that the partner/ex behaves in a very jealous or controlling way (77%), (2) that there was a relationship separation either impending or on-going (72%), and (3) that the abuse has become worse or is happening more often (61%). There was not a match between the total risk score and the risk category in every case. This is a positive finding indicating that advocates at ASSIST continue to use their training, experience, and judgement to determine a victim's level of risk, rather than simply summing the tick boxes.

The importance of paying attention to the victim's fear and her intuition about the future harm posed by the accused was exemplified by the fact the fear and threats increased the likelihood that nearly all of the other risk factors would be present. This is consistent with much other research which has documented the necessity of listening to – and believing – victim's assessments of their own risk of future harm. Not all assessments on the part of victims will be accurate, but 'risk assessment' as an institutional practice must tap into the fear levels of victims.

Of the victims that completed an exit interview, the majority indicated a positive change following contact with ASSIST. Specifically, 71% reported no further physical abuse and 72% did not experience any emotional re-victimisation. Furthermore, just over half of victims responded that their quality-of-life was much better. These are very positive results that effectively illustrate the improvements that ASSIST makes on victims' safety and well-being.

Analysis combining the risk and exit data further showed the importance of listening to victims. Victim intuition must not be ignored. When victims are very frightened, when they report being afraid of further injury or violence, when they are afraid of being killed, and when they are afraid of their children being harmed, they are significantly more likely to experience additional violence, threats and emotional abuse. This is additional, powerful evidence about the importance of taking a more victim-centred approach to criminal justice.

For these reasons it is imperative to note that resource constraints did have an impact on the number of risk assessments that could be completed. Whilst the majority of referrals to ASSIST were risk assessed (65%), limited advocacy resources and the lack of useable telephone numbers at the initial point of referral meant that – despite heroic efforts – it was still not possible to complete risk assessments for all victims. Given that one of the key objectives of ASSIST is to 'address survivors' safety and advocacy needs,' and that this can be done most efficiently via risk assessment, this has to be seen as an unsatisfactory outcome.

Feedback from victims about the service they received from ASSIST was overwhelmingly positive. Victims valued the individual attention paid to them, kind and helpful contact from ASSIST staff, timely information about the court process. All of these substantially improved their feelings of safety and enhanced quality of life.

Multi-Agency Action Planning (MAAP) meetings have been introduced as an enhanced response to very high-risk victims. Those involved in implementing and participating in the MAAPs have noted their positive features in terms of improving safety for the most vulnerable victims. However the workload implications of these new arrangements warrant further investigation. The next chapter provides information about the children's advocate.

6. Providing Advocacy for Children

Background

The well-documented prevalence of domestic abuse means that there are a substantial proportion of children that have been affected by, or indeed have witnessed, domestic abuse. The negative consequences of these experiences on children's mental and physical health can be pronounced. As Tom Halpin, Deputy Chief Constable, Chair of ACPOS Family Protection Portfolio recently explained:

"Watching, hearing, or later learning of a parent being harmed threatens the core sense of stability and security provided by family. Children who live in a household with domestic abuse experience sadness, fear, guilt, anger, shame and confusion. The impact of witnessing a parent being emotionally and physically injured is intensified when another parent figure is responsible for the violence."

From its inception, ASSIST has endeavoured to provide a specialist advocacy service to children of mothers experiencing domestic abuse. The first few months of the pilot were spent working on the funding arrangements, advertising the post, and interviewing candidates. The CYPAW has been in post since July 2005. The post is paid for by the Scottish Executive.

CYPAW Role

Main Duties

Liaison with Advocacy Workers

This is necessary in order to identify children requiring support. Advocacy Workers ask victims at the point of referral if they wish to speak to the CYPAW in relation to the children receiving individual support or whether the victim wishes to discuss other issues such as parenting when children's have witnessed or experienced domestic abuse.

Furthermore, the CYPAW must actively collaborate with Advocacy Workers to address immediate safety concerns for children based on the initial risk assessment undertaken at referral, and other information available at the time (e.g., police or social work services). Throughout the life of an active case, it is imperative that the CYPAW works closely with the non-abusing carer's Advocacy Worker to actively monitor risk to the children (and the non-abusing carer) and to collaborate on developing safety plans inclusive of clients and children.

Contact with Children

When a victim has accepted the offer of support facilitated by the Advocacy Worker, the CYPAW will contact the non-abusing carer by telephone (where appropriate and safe to do so) to offer crisis intervention, information and support specific to the children's needs. The aim of the contact is to support the non-abusing carer to identify and take action to address any concerns she may have for the safety or well-being of her and the children.

Where appropriate, a face-to-face meeting with the children and the non-abusing carer will be arranged to provide a supportive environment to discuss the children's experience of domestic abuse, fears and hopes and to initiate discussion about safety planning, court processes and referral options. The CYPAW also works directly with children to develop age appropriate personal safety plans.

Liaison with Other Agencies

Where the non-abusing parent/carer wishes, the CYPAW will also arrange access to appropriate services at any stage in the court process. Similar to the provision provided to adult victims, the services provided to children are linked to the DAC court process. Therefore it is vital that the CYPAW liaise with agencies on behalf of children to facilitate maximum use of local resources, activities and services. This includes raising awareness within ASSIST of any gaps in services that may be addressed by the Multi-Agency Advisory Group.

Liaising with other agencies at appropriate intervals is necessary to ensure the safety and support needs of children are being addressed. This may include working with the Police, Procurator Fiscal, Victim Information and Advice, Victim Support Scotland, Children 1st,²⁰ Social Work, and the DAC.

Where a child is cited as a witness in the Domestic Abuse Court, it is the CYPAW's responsibility to ensure that appropriate action is taken to enable supportive and protective measures to be put in place (for example, pre-Court visits and use of screens in Court).

Via the MAAP, it is necessary for the CYPAW to alert the Coordinator to the need for any specific child appropriate action on safety planning. A recent addition (September 2006) includes ensuring that Education establishments are contacted prior to the MAAP to see if they wish to attend or just pass relevant information to ASSIST. The CYPAW is responsible for following up on ASSIST specific actions relating to children as part of the MAAP as directed by the Coordinator who has named responsibility.

The CYPAW Resources Group was initiated early on to give the CYPAW support in her job. The CYPAW said that this group has been very helpful. The group initially met fortnightly, then monthly, then every other month (although she maintains regular phone contact in order to get the advice she requires). Following the MAAG Development Day in February 2006, it was agreed that a children's sub-group be set up with a more strategic remit. Current members of the Resource group will be approached to continue in the new role. Attendees typically include representatives from the following agencies:

- Education Services
- Social work
- Children 1st
- Glasgow City Council
- One Plus
- Anti-Social Behaviour Task Force

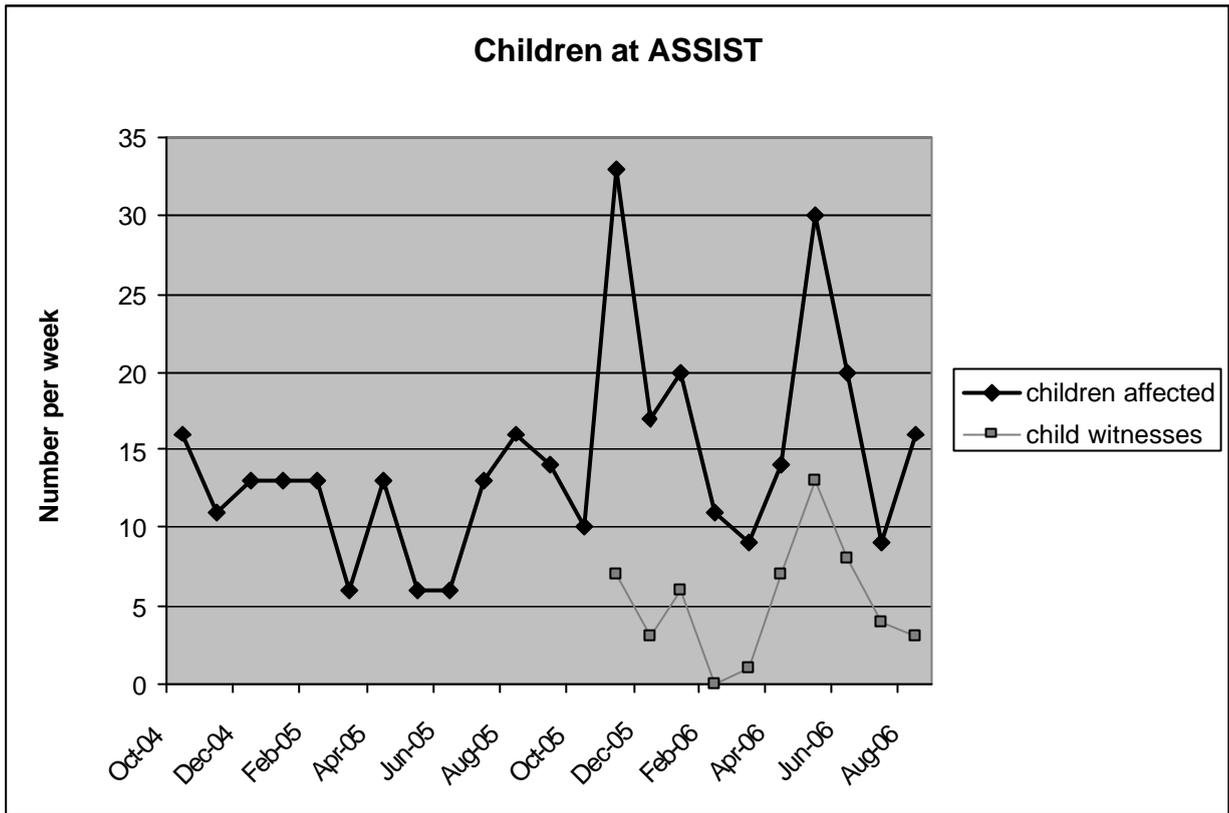
Importantly, the CYPAW has been very willing to ask for help and get information from others to develop and function efficiently in her post.

Referrals to CYPAW

The graph below depicts the numbers of children known to ASSIST since the start of the pilot. On average, about 15 children attached to incoming referrals each week. Apart from two spikes at times when children are out of school (December 05 and June 06), the number of children appears to be increasing steadily (in line with the increase of adult referrals). A relatively stable proportion of these children are known to have witnessed the incident: on average about 30% of the total number of children are also witnesses.

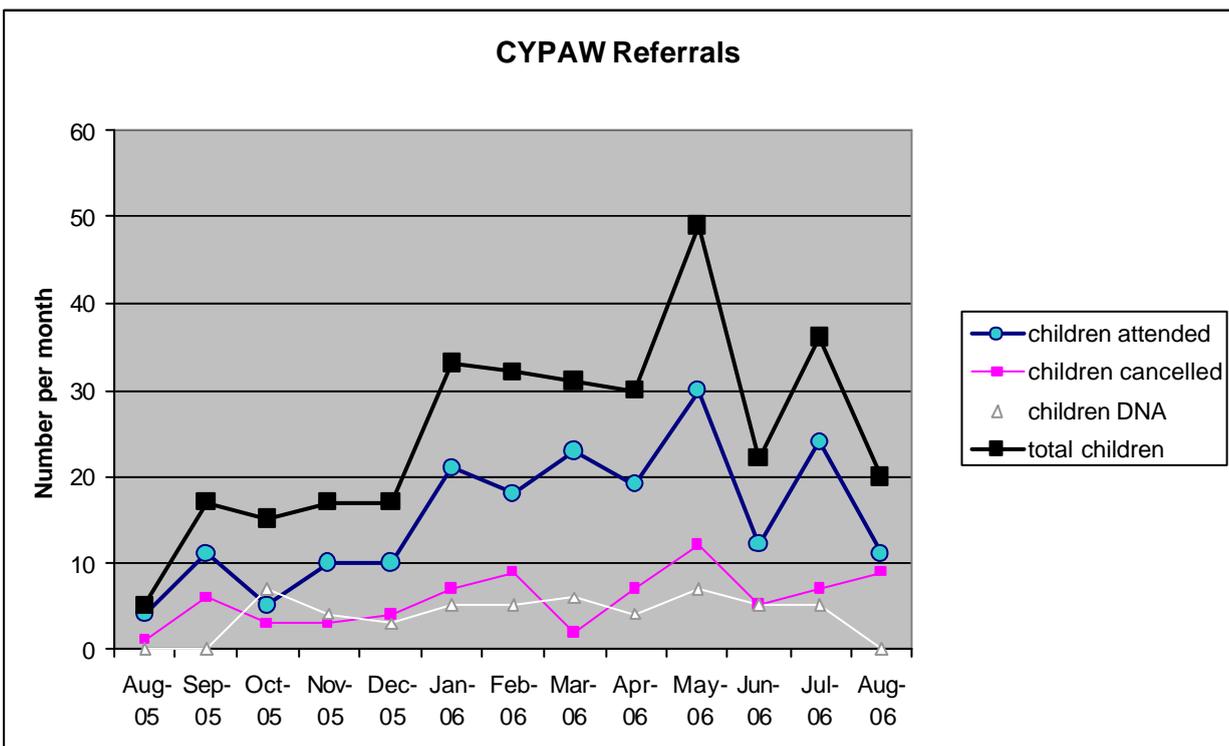
²⁰ Children 1st is an agency dealing with traumatized children in Glasgow. They have nicely appointed play rooms that they allow the CYPAW to use for face-to-face appointments with children, should she wish to do so. Their office is about 5 minutes from the ASSIST offices via subway.

Figure 10: Children at ASSIST, Oct 04-Aug 06



Although not all of these children equate to booked appointments with the CYPAW, it does give an indication of the potential volume of work relevant to the CYPAW's role. The specific numbers of referrals seen by the CYPAW are presented in Figure 11.

Figure 11: Referrals to CYPAW, Aug 05-Aug 06



Ages of children referred to the CYPAW have ranged from 1 month old to 22 years old. The CYPAW has also accepted referrals of pregnant women. Most referrals to the CYPAW come from ASSIST, although she has also received referrals from the PF, the DAU, Children 1st, Social Work and even self-referrals.

Currently it is rare that a family with children is not referred to the CYPAW on the same day the referral is received at ASSIST. Typically if it does happen, it is because there was not any information about a child on the initial referral; therefore the CYPAW learned of the child/children once the Advocacy Worker spoke with the parent.

Face-to-face sessions are arranged in all cases where the support has been taken up. Mostly they are attended; however, there are a number of cancellations and no shows that do occur. The number of children met face-to-face by the CYPAW has increased from about 1 new child per week to about 5 new children per week.

Support provided by the CYPAW tends to last about 6 weeks – from initial referral to court outcome. Although some families require more support, particularly if there are repeat incidents, this is a small proportion of the overall total. At the beginning of her post, children stopped coming for appointments after the court date, indicating that much of the work being done was in terms of supporting families through the court case. But the CYPAW warned that:

“Certainly this trend should not be considered indicative of children referred to ASSIST not needing some type of supportive/therapeutic services after the court case.”

After being in post several months, this appears to have changed because more children continue coming back to the CYPAW even after the court case is over. When the CYPAW makes the post-disposition phone call, some parents report that their children are angry with the court outcome and therefore want to initiate face-to-face services. Another feature not revealed by the statistics is that it is becoming more common that the CYPAW would start meeting with one child in the family, and slowly add other siblings to the caseload. Currently the weekly caseload of appointments for the CYPAW is about 10 children. This is in addition to attending court twice a week due to the workload pressure on the other Advocates, assessing children for special measures, updating files, attending training and liaising with other agencies.

CYPAW Challenges

This section provides some discussion of issues that have been challenging for the CYPAW and ASSIST. Some have been addressed as the role of the CYPAW has developed over time. Others are issues that will continue to pose difficulties, due to the nature of trying to provide support to children living in abusive households. The biggest challenge for the CYPAW is:

“Finding a way to engage with parents about their children during a time when the police, courts and social work are entering their lives at a fast and sometimes not altogether welcomed pace. Of equal concern are the families who are willing to engage, but whose lives are so chaotic that getting a child into the CYPAW is beyond the scope of their resources.”

The following thought-provoking situations noted by the CYPAW provide further illustration of the complexity of providing a specialist advocacy service for children living with domestic abuse. For example:

- Minors from extended family living in the home, therefore not being included on the initial police referral (“invisible children”).
- Supporting adult victims who are conflicted about child contact visits, especially when they feel the child is being emotionally abused by the accused.
- Adult victims wanting to postpone assessment until the Intermediate Diet in the hope of a guilty plea, but the PF needing the assessment by the same date.

- An adult victim being threatened with remand in custody if she did not produce her child as a witness.
- Children being targeted by stalking behaviour, in one case by accused who is not biologically related to the child.
- Dealing with the delicate balance of working short-term with children, most particularly with children who do not feel safe.
- Working with and referring aggressive/violent children.
- Adult victims not bringing cited children in for court preparation.
- Providing CYPAW services through a language barrier.
- Special needs of children under 5 years old.
- Failing/stressed parents.

Definitions of Role

In the early stages of the CYPAW being in post, it appeared that there was some controversy about whether her role was one of advocate for the children, or advocate for women to support their children. From the beginning it has been clear that ASSIST is a 'woman-centred' agency. Initially the CYPAW role was envisioned as one where she would support children and support women to support their children. The situation becomes problematic, however, when a woman might not have (or be able to recognize) her children's best interests in mind. The CYPAW herself perceived her role as advocate for children, regardless of whether that might 'step on the mother's toes'. As the CYPAW stated:

"The parent is central but if it comes down to a choice then it has to be the child. Children know better than anyone that they have no power."

However the flip side of this argument is that it is vital to have mothers that are engaged with advocates in order for support to reach the children. As one Advocacy Worker explained:

"Mothers have to validate the support otherwise the children will not accept it."

Therefore the challenge of providing a specialist advocacy service for children, located in a woman-centred advocacy agency, required the role to develop over time. Upon reflection, the CYPAW stated that initially she was phoning victims and then immediately explaining her role as a 'child worker' and asking about the well-being of the children. In hindsight she feels this was not effective, as it 'put the women off'. Now she does a bit of advocacy for the woman. In effect, the CYPAW picks up where the Advocate left off and establishes a rapport with the victim before broaching the subject of the needs of the children. She feels this has been a much more effective approach. It also shows that to be effective, there has to be some overlap in the roles of woman-advocate and child-advocate. For example:

"The parent is the gateway to the child. It is understandable that many of our adult clients are as traumatized as their children. This requires allowing the parent to be at her own point in stability and for the CYPAW to perhaps take a step such as phoning her on the day of her child's appointment, in order to enhance the probability that support can be offered to the child."

However the CYPAW still feels that, although developing rapport with the mothers is crucial, fundamentally her primary responsibility is the children.

The issue of whether the CYPAW is working in a child-centred or woman-centred post seems to have caused some initial disagreement amongst staff at ASSIST. It is a useful reminder that new developments do not just come into being completely 'sorted out' from the beginning. It takes problem-solving, the better judgment of trained professionals, constructive discussions and good working relationships to reach conclusions that suit everybody. As the role has developed over time, the CYPAW noted:

"Situations which needed consideration six months ago are ones which have a process now. Rather than being bombarded with new circumstances everyday, more energy [now] goes into the needs and concerns of the"

individual children as they present, and how those needs can be best served by the CYPAW."

More than one year on, it is evident that there is clarity with the CYPAW role being to support children and young people directly that have experienced domestic abuse and to support their carers on parenting issues.

Counselling vs. Support

As the CYPAW has had extensive experience providing therapeutic support to children, the post at ASSIST required some adjustment. Her remit is not to provide counselling, but to provide support and information to children. The CYPAW explained:

"There is a view that counselling child witnesses equates to contamination of evidence because they are being 'coached'. Legislation says that you cannot deny a child therapy but someone who is preparing a child for court should be doing support, not therapy. If the support provides therapeutic outcomes then that is just 'by the by'."

Although this may appear to be an abstract distinction, it does impact on the kinds of interactions and techniques that the CYPAW employs in her face-to-face meetings with children.

Discussions between the PF and the CYPAW have made it clear that the risk of evidence contamination through the CYPAW's role is very low. Working together, they also were able to construct a more efficient way of assessing children for special measures (which is also less intrusive to the child). They also agreed that the CYPAW's documentation did not have to be stored separately from that of the Advocacy Workers. Once a case is closed, the children's file is included with the adult's file.

Victims' Decision-Making

Most of the CYPAW's work is over the phone, giving the mother advice about how to best support her children. She also advises about contact issues. There is a small but significant group of women whose denial means that they do not take up the CYPAW's support, and therefore the children remain unprepared for court. She feels this is an important area that could be better addressed with more resources to provide in-depth support to suit individual needs. As the CYPAW explained:

"Some women feel that it's everybody's fault but the perp's. This group of women is used to putting out fires (managing one crisis after another) and is particularly difficult to reach."

Another issue appears to be the 'wait-and-see' game with respect to the defendant's plea. Some women will only take up support if the defendant pleads not guilty. While many perpetrators do plead guilty, there is still a significant period of time (2-3 weeks) where the woman and the children do not know what is going to happen. Consequently, the choice to refuse support means that the children do not receive any professional advice in order to deal with their understandable anxiety over the uncertainty of the situation. The CYPAW tries to be proactive about getting the children some support and – importantly – explaining to their mothers that even in the best case scenario (an early guilty plea) the children have still been traumatized and are therefore in need of support.

Repeat Victims

The percentage of repeat clients is also a challenge for the CYPAW. It becomes more of an issue of finding long-term services for both women and children when there are lots of incidents, or particularly serious incidents. One example provided by the CYPAW was of a woman who had been raped and could not move out of the 'crime scene'. She was extremely traumatized, and as a result she could not properly look after her 6-year old son (e.g., there was no food in the house).

Thus, for some children the CYPAW helps to 'put out the immediate fires,' but there is not much support able to be provided by the CYPAW over the long-term. This is an area of some concern as:

"What is happening, albeit infrequently, is that a child will bring something into the support session after trust and rapport has been established, which has all the hallmarks of needing longer term work, but ASSIST doesn't have the resources to provide it. The ethical implications of this as well as [the issue] of what is in the best interest of the child under those circumstances needs consideration."

Similar to adult victims, the level of support available elsewhere in the city also impacts on whether and how often the CYPAW can refer children on to other agencies:

"It is hoped that what we learn during this pilot will help to highlight the need for a significant increase in the availability of supportive services to children suffering domestic abuse in Glasgow."

Cited Children

The issue of whether and how to incorporate evidence from children into the court process is a huge challenge for all areas attempting to improve their response to domestic violence. The Glasgow pilot is no exception, and the lack of consensus about this issue creates another challenge for the CYPAW. Other research has documented the ambivalence that court officials feel about using children's testimony, even within specialized domestic violence court settings where all practitioners are trained (Cook et al., 2004).

In the pilot area, the number of children cited as witnesses has ranged from 3 per month to 12 per month. Thus, only a fraction of those children who were known to witness the incident (recall the first graph in this chapter) are actually cited as witnesses in the DAC.

For mothers who decide to participate in a criminal prosecution of their ex/partners, the potential impact of their children being required to attend court adds to the already enormous stress they are experiencing. The CYPAW reports a high level of concern from mothers about having children under 12-years old cited as witnesses. Furthermore, the CYPAW has witnessed mothers being threatened with custody if they do not produce their children in court. Obviously this is extremely upsetting for the mothers, and seems to be an area where court policy might be conflicting with what is perceived to be good practice from the perspective of advocacy workers. This issue points to the importance of gathering comprehensive and robust evidence so that the responsibility for providing evidence in court can be taken away from the victim and her children wherever possible.

In addition to all of the above, it does not go unnoticed by defendants that their choice of plea will have further consequences on their families. The CYPAW said that:

"Most perpetrators seem to plead guilty to keep their children from having to give evidence in court. But for those that don't, it appears to be another way of controlling the family and making them go through trauma by giving evidence."

Despite court preparation and support from the CYPAW, undoubtedly having children participate in the court process is a risk – a risk that the entire experience will further traumatize children that are already vulnerable from living with and witnessing domestic abuse in the home. One such example from the CYPAW:

"In one instance, we had a 16-year old witness come to give evidence and have the trial adjourned so a younger sibling could be cited by the defence. A few weeks later, both children came to trial only to have their father plead guilty. The stress to both children and parents is immeasurable."

In conclusion, the issue of children as witnesses in court continues to pose a serious dilemma for both policy and practice. Only a fraction of the total number of children who have witnessed the abuse is eventually cited by the court. Therefore, it appears that this decision is made on a case-by-case basis. Whilst this may be the best way forward at the moment, this issue could benefit from further discussion amongst the key partners in Glasgow's pilot area, and perhaps policy development to promote consistent, transparent decision-making about how and when children's evidence should be used in court.

Impact on Children

The CYPAW makes a positive impact on children in the short amount of time that she is able to work with the family. The mothers seem to know that their children need someone to talk to that is not involved in the situation – someone that is objective rather than on the 'mom's side' or the 'dad's side'. The children want someone who will listen to them.

As one mother explained:

"My son won a 'positive attitude' award at the end of term assembly. He is so much more confident now and seeing the CYPAW has helped him a lot – it was lovely to end the school term on a high note."

A child said to her mum about working with the CYPAW:

"Seeing [CYPAW] makes me feel better."

The provision of support to children makes a difference to not only the individual child, but also their siblings, their parents and thus the overall family dynamics.

Conclusion

This chapter has described a relatively new development in the world of multi-agency responses to domestic violence – that of a dedicated child advocacy worker embedded in a community-based advocacy setting for adult victims of domestic violence. Whilst there was some role clarification necessary at the start, over time this arrangement has produced measurable benefits for the children of mothers affected by domestic violence, as well as for the Advocacy Workers who benefit from having better information and support provided to the children of mothers they are attempting to support. On-going challenges for the CYPAW include providing support to children living in chaotic households, providing advocacy that overlaps the mother/child divide, having to provide short-term support to some children that need much more, and having to prepare child witnesses for court when there is ambivalence about whether this will be in the child's best interests. Reports from the children referred, as well as their mothers, about the CYPAW's services were overwhelmingly positive. Attending sessions with the CYPAW was linked to children's improved well-being and school performance. Consideration needs to be given to the resource implications of the CYPAW's caseload and increased responsibilities over time (e.g., feeding into the MAAPs).

As a result of the new post a two-tier service has developed at ASSIST. Those victims with children who accept a referral to the CYPAW receive a better service than those women who do not have children or who do not accept CYPAW support. The CYPAW, unlike the Advocates, has been able to telephone women on a weekly basis and follow up on any issues identified. The implications of this need consideration, as resource deployment should follow risk rather than family circumstances. Having said that, households with children where domestic abuse occurs are by definition extremely vulnerable. The issue is not to reduce the level of support afforded to these families, but rather to have the resources available to provide consistent support to all adult victims, regardless of whether they have children (e.g., risk assessments in all cases, MAAPs whenever necessary, and reduced caseloads for Advocates).

7. ASSIST and Glasgow's Multi-Agency Response

Analyzing responses from interviews held with representatives from partner agencies, this chapter sets out the perceived benefits of taking a multi-agency approach to domestic abuse. It also highlights areas where respondents believed there still could be improvements made, or that are challenging for multi-agency partnerships to address. In short, qualitative data about the process of implementing and running ASSIST in the context of Glasgow's pilot DAC and multi-agency approach is provided.

Multi-Agency Relationships

From the beginning, the pilot project in Glasgow was the product of multi-agency relationships. Recall that the ASSIST Implementation Group had representation from Social Work Services, the Women's Support Project, Greater Easterhouse Women's Aid, Glasgow Women's Aid, Scottish Women's Aid, Strathclyde Police and was convened by the Glasgow Violence Against Women Partnership, itself a multi-agency forum. This history is important to recall, because it suggests that the pilot has always benefited from having its foundation created by all relevant agencies.

On-going updates about 'partnership working' are documented in the weekly bulletins, further illustrating the importance placed on this type of activity. It appears to be well-recognized that any type of success to be had by the pilot would need to be shared amongst many involved agencies.

The next sections document respondents' perceptions of the operational and strategic working relationships in the Glasgow pilot.

Operational

The operation of ASSIST and the DAC has required the input and organizational skills of representatives from many agencies, across the statutory and voluntary sectors. Operational policy and practice has been refined through regular multi-agency meetings, such as the PF Liaison Meetings, the MAAPs and the MAAG (also see next section). Attending these meetings over the nearly two years of the pilot is evidence of the commitment and good working relationships the pilot has been able to draw upon. Working together operationally has led to a shared appreciation about domestic abuse, as these respondents noted:

"Having a common understanding of what the issues are. That is where we are in Glasgow now." [VS]

"I think the DAC has provided a focus for agencies to work together. I think this is partly because people can work together on individual 'cases' rather than just talk about the theory of working together. It is partnership working in practice." [VS]

"We moved from a position of distrust and incomprehension about 'wasting money for ASSIST when someone else can do it'. Now you could never put that view across." [CJ]

Other respondents noted that the success of the pilot was dependent not only upon their own participation, but that the importance of the pilot had to be recognized by their own organizations. For example:

"To be an effective partner the multi-agency partnership must 'tick a box' in your own organization... if my organization didn't attach importance to this then I wouldn't be an effective partner – I wouldn't get time to come to meetings, etc. The level of commitment is fairly significant – things get done because each agency is committed." [CJ]

Operationally, it was viewed as imperative that the pilot was embedded in a strong multi-agency partnership, precisely because changes to working practices have to occur when a new initiative is implemented. As one respondent stated:

“Strong multi-agency partnerships are needed otherwise doomed to disaster. You have to be able to ‘mouth off’ to people and get things sorted out. You have to have the right people doing the right jobs.” [CJ]

Despite early successes of the pilot, another respondent cautioned against becoming complacent:

“The multi-agency approach is performing well, although it must be recognised that all agencies should strive for continuous improvement and not rest on laurels.” [CJ]

In conclusion, it is not surprising that – given the evidence presented in earlier chapters about the changes to working practices across key agencies and the benefits of providing advocacy and support services to victims of domestic abuse and their children – respondents had overwhelmingly positive opinions about the strength of the multi-agency partnership in Glasgow. The pilot’s accomplishments would have been impossible to achieve *without* productive working relationships amongst people working in criminal justice, statutory and voluntary sector agencies. Thus, operationally the multi-agency framework has enabled ASSIST to accomplish its goals:

- Providing *advice, support, safety and information* to adults and children experiencing domestic abuse (the ‘ASSI’ in ASSIST), and
- Bringing *services together* in order to meet the needs of these individuals (the ‘ST’ in ASSIST).

Strategic

When asked about working relationships at a strategic level, there was less consensus that the Glasgow pilot had accomplished what it had set out to do strategically. Because there was already a multi-agency partnership in place about violence against women in Glasgow (the GVAWP), there was perhaps some early adjustment needed to work issues of ownership and responsibility for the pilot. For example:

“It has in the main worked well, but the formal multi-agency partnership has been very controlling and instead of being useful it’s been pedantic and making people jump through hoops. The citywide partnership has wanted to retain control over the pilot and that’s not helpful.” [VS]

“There was some initial role confusion about the MAAG. Some wanted to direct ASSIST rather than provide strategic guidance.” [CJ]

In addition, there was some concern that not enough emphasis on strategy was being undertaken by the partner agencies. For example:

“We need to all work more strategically to join up existing initiatives and ensure new initiatives are not viewed as stand alone projects, on the basis that by working together at a strategic level the sum of the parts are greater than individual multi-agency activities. This very much applies to the DA Court and its support services (e.g., ASSIST and PRU/ Change). There is already a lot being done to encourage multi-agency approach in the city and the key challenges [include]: having ‘champions’ at a strategic level (e.g., senior managers in SWS, etc.); influencing policy and service development across the city; partners agencies being pro-active about taking forward the agenda within their own agencies; and more accountability on the part of partners at a strategic and operational level.”

However these issues appear to have been addressed through development of the pilot over time, and through the regular meetings of the MAAG (see next section). Respondents have noted that ASSIST has been a very responsive service in terms of developing policy and bringing in new partners in response to

the nature of the emerging issues. This is evidence more strategic work is being accomplished as a result of sharing a more strategic vision across the participating agencies.

Furthermore, the abilities of the two ASSIST coordinators to facilitate the successful multi-agency response (both operationally and strategically) did not go unnoticed:

"They are really knowledgeable but also totally committed to multi-agency working. They are both very skilled at negotiating and bringing and keeping on board members of the partnership. Skills in terms of multi-agency working are absolutely key." [VS]

There did appear to be some concern that the ASSIST would be viewed as only a service provider rather than a good practice service model that maintains its focus on coordinating services from different agencies. As one respondent warned:

"I think that there should be more 'services together'. As ASSIST has established itself as a very professional and competent organisation it is perhaps being relied on too much when others should be taking on the work." [VS]

Finally, what could be considered strategic priorities for the future were noted by some respondents:

"Better recognition of the linkages between different forms of male violence and the linkages between protecting women and supporting children." [VS]

"There has to be recognition that domestic abuse is a criminal offence. Therefore the DAC is crucial, but only part of the solution. Better education and skills are also needed." [CJ]

In conclusion, strategically there have been challenges in terms of incorporating a new project into a pre-existing multi-agency framework. Because of the complexity of changing the response to victims of domestic abuse in terms of the operational practices of the key agencies, some respondents have felt that less has been accomplished strategically than operationally. Therefore the next section investigates the primary strategic group involved in the pilot, the MAAG.

Multi-Agency Advisory Group (MAAG)

The overall purpose of the MAAG, as described in the agreed Terms of Reference,²¹ is to:

- To support the work of ASSIST, and develop and promote recommendations for a strategic and co-ordinated approach that:
 - Improves the safety of survivors and their children
 - Reduces the number of survivors seeking to retract evidence in cases of domestic violence
 - Improves the detection and prosecution of perpetrators
 - Prevents repetition of incidents of domestic abuse
 - Improves the criminal justice responses to domestic abuse, and
 - Builds upon the best practice and lessons learnt by the ASSIST pilot project

To accomplish these objectives, the member agencies of MAAG have agreed to:

- Work collaboratively with partner agencies to improve the safety of survivors and their children, and hold perpetrators accountable.
- Proactively communicate information about ASSIST and about best practice in supporting survivors and their children.
- Actively promote the roll-out of domestic abuse advocacy services and specialised court services in Glasgow, nationally and internationally.

²¹ These represent the revised version following the development day held in Feb 2006.

- Help build the capacity of key statutory and voluntary agencies in Glasgow to embed and deliver consistent good practice services to those experiencing domestic abuse.
- Develop effective links and dialogue with Equalities, Community Services, Health, Social Inclusion and wider regeneration strategies.
- Encourage the integration of domestic violence survivor services into service planning, development and delivery of all services.
- Contribute to the monitoring and evaluation data systems, consider the development of appropriate mechanisms for improving domestic violence monitoring, and guide the development of information sharing protocols between all the key agencies in Glasgow.
- Invite appropriate agencies as necessary to become partners in the development and delivery of ASSIST's services.

The MAAG had its first meeting in March 2005 (recall that previously it was the ASSIST Implementation Group). The meetings meet on a monthly basis and typically last two hours. Members of the MAAG include representatives from the following agencies:

- ASSIST
- Community Safety Partnership
- Glasgow City Council, Social Work Services
- Strathclyde Police
- Glasgow Sheriff Court
- COPFS
- Glasgow Violence Against Women Partnership
- Women's Support Project
- Greater Easterhouse Women's Aid
- Glasgow Women's Aid
- Scottish Women's Aid
- Castlemilk DV Project
- VIA
- VSS
- Children's Reporter
- Children 1st

Because of some of the strategic challenges facing the MAAG, and some of the conflict described earlier, there was a multi-agency development day scheduled in February 2006 to promote a shared strategic understanding of what the pilot can accomplish. The purpose of the event was to agree the appropriate role(s) and remit for the MAAG over the next year, and to clarify links and overlaps with other bodies in Glasgow. An action plan with the key priorities for the MAAG was agreed. The key priorities of the MAAG for 2006/07 are:

1. The roll out of ASSIST
2. The roll out of the DAC
3. Embedding good practice in all key agencies
4. Developing children's work
5. Influencing key people and promoting messages about ASSIST/DAC

Conclusion

ASSIST is the product of a history of successful partnership-working in Glasgow. The Implementation Group, which subsequently became the MAAG, has representatives from criminal justice, statutory and voluntary sector agencies. Developing the pilot has been a challenge both operationally and strategically. Respondents were very positive about the operational working relationships that have grown out of the pilot. In particular, PF Liaison meetings and the MAAPs are examples of successful multi-agency working to improve the response provided to victims of domestic abuse. Strategically, it has been more of a challenge to determine the direction of ASSIST – with some respondents worried that too much attention was being paid to the service provision itself ('ASSI') rather than bringing services together ('ST'). However perceptions of emphasis need to be understood in the context of an emerging pilot response dealing with day-to-day operational challenges and resource constraints. The MAAG development day is a good example of further problem-solving and partnership working that is vital for the continued success

of the pilot. It is clear that the role of ASSIST as a key player in Glasgow's multi-agency response to domestic abuse cannot be overstated.

How best to enhance the strategic capabilities of ASSIST, while maintaining its operational responsibilities, within available resources, is an issue needing urgent attention. As previous chapters have indicated, some of ASSIST's key responsibilities have been curtailed over the course of the pilot due to resource limitations. ASSIST and the DAC constitute a national pilot for Scotland and ASSIST's resource constraints have impacted upon women's safety, the DAC process and the ASSIST staff team. Continuing on the same basis without an injection of advocacy resources is not sustainable. Furthermore, the two-tier service arising within ASSIST, which itself is an enhanced service not available across Glasgow, both point to the need for additional resources.

8. Conclusions and Recommendations

In this final chapter of the report, the findings from the research are summarized before listing 10 key findings. Recommendations arising from this research are then presented.

Summary of Findings

Effective multi-agency coordination appears to ensure that the majority of victims in the pilot area give consent to be put in contact with ASSIST. Advocates at ASSIST then provide their services to victims, in the form of an initial risk assessment, support through the court process, and post-court support. In this way, regardless of the court outcome, the victim receives a range of services in a 'one-stop-shop' style that has been shown to be effective in other jurisdictions. Furthermore, monthly multi-agency meetings have been implemented to respond to the safety requirements of very high-risk victims and their children (known as MAAPs). Thus, there is a very good level of service provision for victims of domestic abuse who live in the pilot area of Glasgow.

Referrals and impact on multi-agency working

To date, ASSIST has taken more than 1300 referrals and this equates to about 14 new referrals each week. The number of referrals to ASSIST has steadily increased over time, and reflects good working practices on the part of responding officers and officers in the DAU. The police, ASSIST and the dedicated PF in the DAC have worked together consistently and efficiently to improve practice, problem-solve and share information. ASSIST appears to be successful at bringing *services together* in a multi-agency framework in order to meet the needs of individual victims. However it is important to remember that the service provided by ASSIST is not limited to the individual victims, but impacts positively upon the partner agencies in terms of improved performance in meeting their own targets (e.g., better trained police, quality evidence gathering, increased victim participation at court, fully informed bail conditions, etc.). All agencies are agreed that the response to victims of domestic abuse in the pilot area has improved as a result of the new arrangements, and that successful criminal justice outcomes depend on dedicated support agencies like ASSIST bringing the 'victim's voice' to the table.

Analysis of risk factors and impact on repeat victimisation

Analyses of one-year's worth of referrals to ASSIST included risk assessments with 463 victims and exit interviews with 202 victims. Findings indicated that, of the 30 risk factors assessed during the intake interview, the three most frequently occurring risk factors were (1) that the partner/ex behaves in a very jealous or controlling way (77%), (2) that there was a relationship separation either impending or on-going (72%), and (3) that the abuse has become worse or is happening more often (61%). There was not a match between the total risk score and the risk category in every case. This is a positive finding indicating that advocates at ASSIST use their training, experience, and judgement to determine a victim's level of risk, rather than simply summing the tick boxes.

The importance of paying attention to the victim's fear and her intuition about the future harm posed by the accused was exemplified by the fact the fear and threats increased the likelihood that nearly all of the other risk factors would be present. This is consistent with much other research which has documented the necessity of listening to – and believing – victim's assessments of their own risk of future harm. Not all assessments on the part of victims will be accurate, but 'risk assessment' as an institutional practice must tap into the fear levels of victims.

Of the victims that completed an exit interview, the majority indicated a positive change following contact with ASSIST. Specifically, 71% reported no further physical abuse and 72% did not experience any emotional re-victimisation. Furthermore, just over half of victims responded that their quality-of-life was much better. These are very positive results documenting the improvements that ASSIST makes on victims' safety and well-being.

Victim-centred approach

Analysis combining the risk and exit data further showed the importance of paying attention to victims. When victims are very frightened, when they report being afraid of further injury or violence, when they are afraid of being killed, and when they are afraid of their children being harmed, they are significantly

more likely to experience additional violence, threats and emotional abuse. Thus, victim intuition cannot be ignored. This is additional, powerful evidence about the importance of taking a more victim-centred approach to criminal justice.

For these reasons it is imperative to note that resource constraints did have an impact on the number of risk assessments that could be completed. Whilst the majority of referrals to ASSIST were risk assessed (65%), limited advocacy resources meant that – despite heroic efforts – it was still not possible to complete risk assessments for all victims. Given that one of the key objectives of ASSIST is to ‘address survivors’ safety and advocacy needs,’ and that this can be done most efficiently via risk assessment, this has to be seen as an unsatisfactory outcome that can be rectified with additional resources directed to increase advocacy hours.

Feedback from clients

Feedback from victims about the service they received from ASSIST was overwhelmingly positive. Victims valued the individual attention paid to them, kind and helpful contact from ASSIST staff, timely information about the court process, and their resulting improved safety and quality of life.

Multi Agency Action Planning Meetings (MAAP)

As an enhanced response to very high-risk victims, Multi-Agency Action Planning (MAAP) were introduced in November 2005. Those involved in implementing and participating in the MAAPs have noted their positive features in terms of improving safety for the most vulnerable victims. However the workload implications of these new arrangements warrant further investigation and it is essential that additional resources are attached to the management of risk for it to be sustained as an integral function of ASSIST.

Children and Young Person’s Advocacy Worker (CYPAW)

One key aspect of the service provided at ASSIST is having a dedicated child advocacy worker. As a groundbreaking position in the UK the role has developed over time to produce measurable benefits for the children of mothers affected by domestic violence, as well as for the Advocacy Workers who benefit from having better information and support provided to the children of mothers they are attempting to support. On-going challenges for the CYPAW include providing support to children living in chaotic households, providing advocacy that overlaps the mother/child divide, having to provide short-term support to some children that need much more, and having to prepare child witnesses for court when there is ambivalence about whether this will be in the child’s best interests. Reports from the children referred, as well as their mothers, about the CYPAW’s services were overwhelmingly positive. Attending sessions with the CYPAW was linked to children’s improved well-being and school performance. As with other areas of the ASSIST service the CYP program would benefit from additional resources.

ASSIST in the multi-agency context

Not surprisingly, given the evidence presented in earlier chapters about the changes to working practices across key agencies and the benefits of providing advocacy and support services to victims of domestic abuse and their children, respondents had overwhelmingly positive opinions about the strength of the multi-agency partnership in Glasgow. The pilot’s accomplishments would have been impossible to achieve *without* productive working relationships amongst people working in criminal justice, statutory and voluntary sector agencies. Thus, operationally the multi-agency framework has enabled ASSIST to accomplish its goals:

- Providing *advice, support, safety and information* to adults and children experiencing domestic abuse (the ‘ASSI’ in ASSIST), and
- Bringing *services together* in order to meet the needs of these individuals (the ‘ST’ in ASSIST).

Strategically there have been challenges in terms of incorporating a new project into a pre-existing multi-agency framework. Because of the complexity of changing the response to victims of domestic abuse in terms of the operational practices of the key agencies, some respondents have felt that less has been accomplished strategically than operationally. It is clear that the role of ASSIST as a key player in Glasgow’s multi-agency response to domestic abuse cannot be overstated.

Key Findings

1. Effective multi-agency coordination results in the majority of victims in the pilot area consenting to be referred to ASSIST. ASSIST has taken more than 1300 referrals to date, and this equates to about 14 new referrals each week.
2. There is a very good level of service provision for victims of domestic abuse who live in the pilot area of Glasgow. For example, victims are risk assessed and receive a range of services in a 'one-stop-shop' style, there is an enhanced multi-agency response provided to very high-risk victims (MAAPs), and advocacy provided to children. However respondents were very concerned about the level of service provided to victims living *outside* of the pilot area. Of course this is an issue that can only be resolved by rolling out the DAC and ASSIST to other divisions in Glasgow.
3. Analysis of the risk assessment data revealed that the three most frequently occurring risk factors were (1) that the partner/ex behaves in a very jealous or controlling way (77%), (2) that there was a relationship separation either impending or on-going (72%), and (3) that the abuse has become worse or is happening more often (61%). These findings are consistent with existing research.
4. There was not a match between the total risk score and the risk category in every case. This is a positive finding indicating that advocates at ASSIST use their training, experience, and judgement to determine a victim's level of risk, rather than simply summing the tick boxes on a risk assessment form.
5. For the majority of victims, the support provided by ASSIST improved their safety and well-being. Specifically, 71% reported no further physical abuse and 72% did not experience any emotional re-victimisation. More than half of victims responded that their quality-of-life was much better.
6. Victims' intuition and fear about being subjected to further abuse significantly increased the likelihood of experiencing further abuse at a later date. This reinforces the viewpoint that taking a more victim-centred approach to criminal justice is vital.
7. Victims were extremely positive about the services they received at ASSIST. In particular, they valued the individual attention paid to them, kind and helpful contact from ASSIST staff, and timely information about the court process.
8. Multi-Agency Action Planning (MAAP) were introduced as part of the pilot in November 2005 and those participating have noted their positive features in terms of improving safety for the most vulnerable victims. The workload implications of the MAAPs warrant scrutiny to ensure their long-term sustainability.
9. Information about the Children and Young Person's Advocacy Worker (CYPAW) revealed the challenges of separating the advocacy provided to children from that of their mothers. Reports from the children referred, as well as their mothers, about the CYPAW's services were overwhelmingly positive. Attending sessions with the CYPAW was linked to children's improved well-being and school performance.
10. Respondents had overwhelmingly positive opinions about the strength of multi-agency working in Glasgow. Whilst some respondents felt that less has been accomplished strategically than operationally, it is clear that the contribution made by ASSIST in Glasgow's multi-agency response to domestic abuse is very highly valued.

Recommendations

1. Consistent Service Provision Across Glasgow

It cannot be stated strongly enough how much support there was for the roll-out of the pilot project across Glasgow. Respondents across both the voluntary sector and the criminal justice system reported dissatisfaction with the 'post-code lottery' whereby only victims living in one part of the city receive the enhanced response via ASSIST and the DAC.

"[I'm] not sure that ASSIST should be taking too much of the responsibility in rolling out as albeit they have a very important role they are only one agency amongst many who have responsibility with regard to this. As stated previously because of ASSIST's commitment, enthusiasm and reliability there could be a tendency that work falls on them to do!" [VS]

The work done at ASSIST was unanimously praised as making a difference to victims of domestic abuse and their children. Furthermore, the introduction of ASSIST in Glasgow has changed the working practices of key agencies for the better, and provided practical assistance that is valuable to other agencies. As one respondent said:

"I hear about Scottish Executive/Home Office spending money on projects going no where. Then ASSIST in penny pinched... under funded yet doing better than projects with lots of money. Can't government see 'best value' staring them in the face?" [CJ]

A parallel issue is the resources attached to the CHANGE programme for offenders. The resource implications of having this as a sentencing option used by Sheriffs in the DAC needs to be considered in terms of provision of services to offenders in Glasgow that are currently outside of the pilot area.

2. Post-Court Support

The remit of ASSIST was always to support women and men through the court process for a period of up to 12 weeks. This aim was more possible during the initial stages of the pilot; however, over time the aim of being able to provide support to women after the conclusion of the DAC case has not been realised. This issue has two dimensions, both influenced by the availability of resources. One is to expand the service provision made at ASSIST. The other is to expand the support available to women across the city. As one respondent summed up:

"There has to be something [for ASSIST] to refer women on to." [VS]

Victims with multiple needs (e.g., alcohol/drugs/mental health), who may require long-term counselling, do not have adequate service provision in the pilot area. Respondents were very concerned about this, as the need will only increase over the longer-term as more referrals come into ASSIST. Consideration needs to be given to expanding other services in Glasgow so that ASSIST can more fully realize the 'ST' in its service provision. However, the post-court support provided by ASSIST must be sufficient so that there is continuity in the service provided to victims. With a planned handover by ASSIST it would be less likely that victims might 'fall through the gap' moving from one service to another.

3. Strategic Direction

The role of the MAAG and how it interacts with both ASSIST and the DAC in terms of providing strategic direction and guidance needs to be more fully considered. There were some problems with initial role of the MAAG which appear to be addressed; however, now there needs to be a future-oriented discussion of the possibility of rolling out the pilot across Glasgow and Scotland and what strategies should be in place to ensure any expanded efforts are similarly successful. Furthermore, the almost exclusive focus on the ASSIST/DAC pilot equates to a view of criminal justice being the primary or dominant intervention that

can make a difference in the lives of victims, offenders, and their children. Some respondents warned that not enough attention was being paid to prevention, education and responses that meet the other needs of victims (e.g., health, skills, housing, etc.), or the links between domestic abuse and other forms of violence. These are all issues that require further strategic direction.

Conclusion

Evidence from a range of sources indicates that the work of ASSIST is successful in (1) providing *advice, support, safety and information* to individual men, women and children experiencing domestic abuse (the 'ASSI' in ASSIST), and (2) bringing *services together* in a multi-agency framework in order to meet the needs of these individuals (the 'ST' in ASSIST). Not only are victims and their children safer as a result of the support provided by ASSIST, but the working practices of partner agencies have been improved and an effective multi-agency response is now provided to victims living in the pilot area of Glasgow. How to maintain ASSIST's many crucial operational responsibilities, within available resources, is an issue needing urgent attention. ASSIST and the DAC constitute a national pilot for Scotland and ASSIST's resource constraints have impacted upon women's safety, the DAC process and the ASSIST staff team. **Continuing on the same basis without an injection of advocacy resources is not sustainable.**

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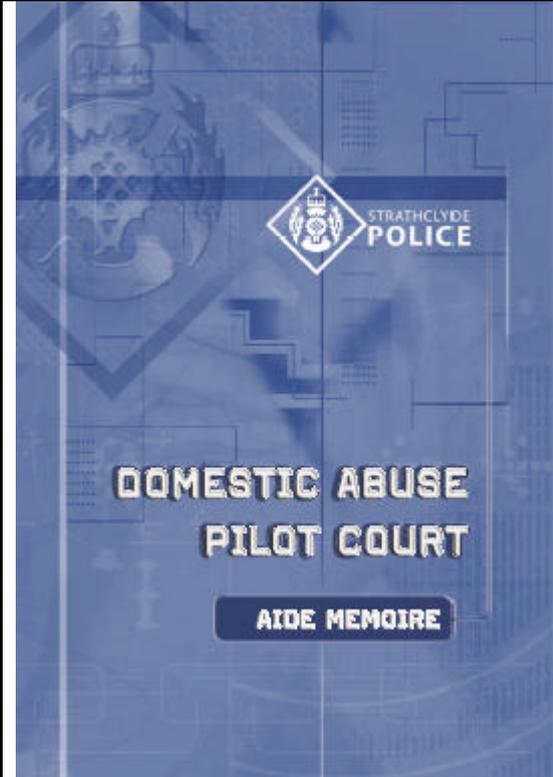
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10. Appendices

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- A – Strathclyde Police *Aide Memoire* for Responding Officers
- B – Joint protocol between VIA and ASSIST
- C – Key Informants Survey
- D – ASSIST Referral and Intake Form (which includes the risk assessment tool)
- E – MAAAP Protocol
- F – Correlation Matrix of Risk Factors

Appendix A

 <p>The image shows the cover of a document titled 'DOMESTIC ABUSE PILOT COURT AIDE MEMOIRE'. It features the Strathclyde Police logo and a blue background with a grid pattern.</p>	<p style="text-align: center;">DOMESTIC ABUSE PILOT COURT 'G' DIVISION</p> <p style="text-align: center;">AIDE MEMOIRE</p> <p>A Domestic Abuse Pilot Court is currently operating within Glasgow Sheriff Court and will hear all Summary Domestic Abuse cases, emanating from 'GA', 'GB', 'GD' and 'GE' sub divisions. The procedures outlined in the Strathclyde Police Domestic Abuse Policy and the Joint Protocol between Strathclyde Police and Strathclyde Area Procurators Fiscal must be adhered to when dealing with incidents of Domestic Abuse. In addition, the following points must be complied with.</p> <p>Initial Response</p> <ul style="list-style-type: none"> • Attend all Domestic Abuse incidents without undue delay • Ensure safety of the victim, the family and any other person present • ALWAYS separate the parties involved • Conduct a check to ensure the welfare of any children
<p>Evidence Gathering</p> <ul style="list-style-type: none"> • NEVER ask the victim in the presence of the suspect if they want to make a complaint. • Conduct thorough investigations and ensure that all possible lines of enquiry are rigorously pursued. THINK CORROBORATION! <ul style="list-style-type: none"> • The following should be considered in EVERY case ~ <ol style="list-style-type: none"> 1) Recordings of '999' calls 2) Previous history 3) Demeanour of victim and/or suspect 4) Signs of injury 5) Subsequent photographing of victim's injuries 6) Signs of recent disturbance at locus 7) Statements from the victim and other witnesses 8) Statement from child if an essential witness and of an appropriate age 9) House-to-house enquires with neighbours 10) Statements made by suspect 11) Detention of the suspect in terms of the Criminal Procedure (Scotland) Act 1995, Section 14 and their subsequent interview <p>This list is not entirely prescriptive and is by no means exhaustive. It is imperative that all available evidence is secured for the purpose of making a full unabridged report to the Procurator Fiscal and, when children are resident in the household (whether present or not), to the Reporter to the Children's Panel.</p>	<p>Arrest</p> <ul style="list-style-type: none"> • Where there is sufficient corroborative evidence, officers WILL arrest the offender. <p>REMEMBER, a complaint from the victim is NOT necessary, providing that there is sufficient corroborative evidence that a crime has been committed and the suspect is alleged to be the perpetrator.</p> <p>Take the responsibility away from the victim and tell both parties it is YOUR DECISION to make the arrest.</p> <p>Referral to ASSIST</p> <p>ASSIST (Advocacy, Support, Safety, Information, Services Together) is a dedicated support service which has been established to run in tandem with the Domestic Abuse Pilot Court in Glasgow. ASSIST will provide support and advice to victims of Domestic Abuse.</p> <p>When you attend an incident where an individual is to appear at the Domestic Abuse Court (whether from custody, on undertaking or by means of report), you will seek the victim's consent to make a referral to ASSIST. The victim should be informed that a Domestic Abuse Court has been introduced in Glasgow and that their case will be heard in this Court.</p>

<p>The following wording will be used by police officers engaging with the victim ~</p> <p><i>"I am going to refer you to ASSIST, a dedicated support service, which has been introduced as part of the Domestic Abuse Court in Glasgow. ASSIST will provide you with information, advice and support suited to your needs and may share information with other statutory and voluntary organisations. Do you give your consent for this referral to be made?"</i></p> <p>You should note the victim's response and provide an update on the Vulnerable Persons Database and on the Crime Report. This information must also be included in the 'Remarks' section of the police report to the Procurator Fiscal. If the victim refuses consent for you to make such a referral, NO referral will be made by Strathclyde Police. Referrals will continue to be made to Victim Support Scotland by staff at Pinnacle House; therefore, it is imperative that the crime report is updated accordingly. Officers are reminded of their duty to ask victims of crime for their consent to make onward referrals to Victim Support Scotland.</p> <p>Police officers will as soon as reasonably practicable after the incident has occurred contact ASSIST via the dedicated telephone number and provide the following information:</p> <ul style="list-style-type: none"> Name, rank and office of enquiry officer Brief details of the victim and incident, including contact numbers Any unusual circumstances or unique features, ie risk factors identified, disabilities. 	<p style="text-align: center;">24-HOUR POLICE CONTACT NUMBER FOR ASSIST:</p> <p style="text-align: center;">07834 711 452</p> <p>Statement Taking</p> <p>When obtaining a statement from the victim, the following information should be sought and included in the remarks section of the ISCJIS report to the Procurator Fiscal. The reason for the provision of this information is to assist the Domestic Abuse Court Sheriff as to whether bail should be granted to the accused (with or without special conditions):</p> <ul style="list-style-type: none"> Information in relation to the complainer and, in particular, her/his vulnerability and her/his dependence upon the accused. <ul style="list-style-type: none"> In assessing vulnerability/dependence the Domestic Abuse Court Sheriff shall take into account ~ <ol style="list-style-type: none"> The complainer's age The complainer's physical, mental and emotional health The complainer's ethnic and cultural background The presence or absence of family support The presence or absence of social work department support The complainer's employment status and financial circumstances
<ul style="list-style-type: none"> Information in relation to dependants of the accused and, in particular, the arrangements for residence, contact and financial support pending trial Information in relation to the employment of the accused. <p>The provision of this information is vitally important; therefore, if the information is not known or cannot be ascertained, this should be highlighted.</p> <p>Legislation</p> <p>BREACH OF BAIL <i>Criminal Procedure (Scotland) Act 1995, Section 27(1)(b)</i> – Fail to comply with any condition imposed on bail. This is a separate criminal offence (ISCJIS Charge Codes available) and should be reported as such to the Procurator Fiscal where there is corroborative evidence.</p> <p><i>Criminal Procedure (Scotland) Act 1995, Section 28(1) &(2)</i> - Where there are reasonable grounds to suspect that an accused person has broken or is likely to break any condition of bail imposed, the accused can be arrested and a bail review sought. There does not require to be corroboration of the conduct giving rise to the arrest. In such circumstances, police officers will consider whether it is appropriate to invoke this power of arrest and report the accused in custody to the Procurator Fiscal. This is NOT a separate criminal offence as Section 27(1)(b) above. The circumstances should be reported to the Procurator Fiscal by means of a subject report and dictated as a custody. There is no ISCJIS charge. The content of the report should include the accused's details, the original bail conditions, the circumstances giving rise to the breach of bail (summary of events) and a request that a bail review takes place.</p>	<p>Children</p> <p><i>Children (Scotland) Act 1995</i> – "A constable, who has reasonable cause to believe that compulsory measures of supervision may be necessary in respect of a child, shall give to the Principal Reporter such information about the child as he/she has been able to discover and shall also make any report that requires to be made in relation to a child to the Principal Reporter as well as the appropriate Prosecutor (section 53(2)(a) and (3))."</p> <p>Police officers have an <i>absolute duty</i> to provide the Reporter with this information by means of a subject report or copy police report. Such reports must contain the following ~</p> <ul style="list-style-type: none"> Full details of all children present during the incident Full details of all children resident within the household, whether present or not The child's demeanour Whether they were exposed to risk or unnecessary suffering during the incident. <p>The victim should be informed that the police are duty bound to make referrals to the Reporter in cases of Domestic Abuse where children are present/resident in the household.</p> <p>Officers must ensure that the appropriate checks are conducted with the Social Work Department regarding any children (ie Child Protection Register and any other information that they hold).</p>

Appendix B

Referral and Information Sharing Protocol ASSIST and Victim Information & Advice (VIA)

ASSIST recognises that the specific role and responsibility of VIA as part of the Crown Office Procurator Fiscal's Service is to provide advice and information to victims of crime, including victims of domestic abuse where the accused is appearing in the Pilot Domestic Abuse Court.

1. ASSIST will advise all persons referred to our service of the existence and role of VIA in providing information and advice pertaining to the court case and the timescale that the survivor will receive this information (i.e. we say to clients "VIA will contact you by phone after today's custody hearings, usually after 4pm – if they are unable to contact you they will inform the police and an officer will attend your home to advise you of the case outcome, e.g. special conditions of bail or remand").
2. ASSIST will advise VIA before 1.00pm daily of the names of referrals we have received, up-to-date contact details, what contact has been made and what the level of risk is. The process used is the "faxback" sheet. This information is also shared with the Strathclyde Police G Division Domestic Abuse Unit, Victim Support Scotland (Govan Hill office) and Glasgow City Council Social Work Services (Criminal Justice) Probation Resource Unit.
3. ASSIST will attend the DAC custody court daily at 2 pm to observe and record outcomes for our referred clients.
4. VIA will in the first instance, contact all victims by telephone after the custody hearing but **in some circumstances** ASSIST will invite the victim to telephone our office after 4pm to receive the results. The circumstances that this may apply are: if the victim is particularly at risk; is experiencing a high level of fear; needs to move fast if there is an unexpected outcome; or if a significant level of rapport has been established between her/him and the ASSIST advocate. In these circumstances ASSIST will only provide immediate information about the outcome and will reassure the victim that VIA will be in touch that day by telephone or later by letter to provide detailed information about the next stages of the court process and the victim's role and responsibility.
5. VIA may refer victims to ASSIST if they have not yet taken up the offer.
6. VIA will include information about ASSIST in their mail out to victims after each custody hearing.
7. VIA will fax or email Domestic Abuse Court custody outcomes to ASSIST daily, for our records.
8. With the consent of the Divisional Fiscal, VIA will provide information by email or telephone to ASSIST about **Petition cases** on the day following the hearing, where the victim's name appears on the ASSIST faxback – ASSIST will always maintain an interest in these cases due to the level of risk these victims usually face. The information will be restricted to whether the Accused was granted bail (with any additional conditions) or remanded in custody.

Appendix C

Survey for Key Informants

*The purpose of this survey is to learn about your experiences handling cases of domestic violence, your attitude towards these cases, and your working relationships with other agencies. The survey should take you about **20 minutes** to complete. Your responses will be kept confidential and you will not be identified by name. This information is being collected for the evaluation of ASSIST. Please contact Dr Amanda Robinson (02920) 875401 (robinsona@cardiff.ac.uk) if you have any questions regarding this survey.*

Background

Age _____

Race _____

Sex _____

Agency _____

Months/Years working at agency _____

Current job title: _____

Experience

This section aims to identify your exposure to and experience with cases of domestic violence.

Years working on cases involving domestic violence _____

Estimated number of domestic violence cases handled to date _____

Received training pertinent to domestic violence
? yes ? no
Describe: _____

Domestic violence ever a 'specialty' in your job?
? yes ? no

Current specialty, if any: _____

Have you worked with ASSIST? ? yes ? no

Does working with the ASSIST affect how you handle cases of domestic violence? ? yes ? no

Attitudes

Domestic violence cases are very complex and often frustrating cases to work with. This section aims to understand your perceptions of these types of cases.

I feel that police force policy in cases of domestic violence for attending officers should be

Arrest Mediation Separation

Comment: _____

I feel that most domestic violence cases should be handled as a
Crime Social Problem Civil Problem

Comment: _____

I feel that when police officers respond to fights between couples they are not really dealing with crime or crime prevention

Strongly Agree Strongly Disagree
1 2 3 4 5

Comment: _____

In your opinion, what proportion of domestic violence victims do you think will want to drop the charges against the perpetrator: ____%

On a scale from 1 to 10 (1=not at all important, 10=most important), how important do you think the following are to the successful resolution (i.e., conviction of the perpetrator) of a domestic violence case?

Quality medical evidence
1 2 3 4 5 6 7 8 9 10

Participation/cooperation of victim
1 2 3 4 5 6 7 8 9 10

Quality police evidence gathering
1 2 3 4 5 6 7 8 9 10

Multi-agency partnerships between criminal justice and community agencies

- _____ ASSIST
- _____ Procurator Fiscal
- _____ Hospital/clinic/private physician
- _____ Drug/alcohol services
- _____ Domestic Abuse Court
- _____ Other (specify: _____)

Rank order the effectiveness of the following agencies *in terms of identifying cases of domestic violence in the community.* (where #1 agency is most effective)

- _____ Police
- _____ Mental health care facility
- _____ Church/minister
- _____ Refuge (e.g., Women's Aid)
- _____ ASSIST
- _____ Procurator Fiscal
- _____ Hospital/clinic/private physician
- _____ Drug/alcohol services
- _____ Domestic Abuse Court
- _____ Other (specify: _____)

Rank order the effectiveness of the following agencies *in terms of detering offenders from committing future violence.* (where #1 agency is most effective)

- _____ Police
- _____ Mental health care facility
- _____ Church/minister
- _____ Refuge (e.g., Women's Aid)
- _____ ASSIST
- _____ Procurator Fiscal
- _____ Hospital/clinic/private physician
- _____ Drug/alcohol services
- _____ Domestic Abuse Court
- _____ Other (specify: _____)

Rank order the effectiveness of the following agencies *in terms of addressing the needs of victims of domestic violence.* (where #1 agency is most effective)

- _____ Police
- _____ Mental health care facility
- _____ Church/minister
- _____ Refuge (e.g., Women's Aid)
- _____ ASSIST
- _____ Procurator Fiscal
- _____ Hospital/clinic/private physician
- _____ Drug/alcohol services
- _____ Domestic Abuse Court
- _____ Other (specify: _____)

Working Relationships

Other agencies and people in the community can affect your ability to deal with cases of domestic violence. Think of 5 people who directly impact your ability to handle a particular case, other than the victim, defendant, or witness(es). Please consider your

relationships with these people and on a scale of 1 (low) to 5 (high), rate each relationship on the following dimensions:

Person 1 [Job title: _____ Agency: _____]

1 2 3 4 5

Contact
Trust
Understanding
Cooperation
Empathy

Person 2 [Job title: _____ Agency: _____]

1 2 3 4 5

Contact
Trust
Understanding
Cooperation
Empathy

Person 3 [Job title: _____ Agency: _____]

1 2 3 4 5

Contact
Trust
Understanding
Cooperation
Empathy

Person 4 [Job title: _____ Agency: _____]

1 2 3 4 5

Contact
Trust
Understanding
Cooperation
Empathy

Person 5 [Job title: _____ Agency: _____]

1 2 3 4 5

Contact
Trust
Understanding
Cooperation
Empathy

Please describe any changes (positive or negative) to your working relationships *with people in other agencies* over the past 6 months.

Please describe any changes (positive or negative) to your working relationships *with people in your own agency* over the past 6 months.

Multi-agency partnerships

What is the current state of multi-agency partnerships in Glasgow?

What more can be done to encourage multi-agency partnerships in Glasgow?

Can you describe one case where working with members of other community organisations led to the successful resolution of a domestic violence case. Please specify what you mean by 'successful resolution' in this case.

Can you describe one case where a lack of communication between agencies was detrimental to the successful resolution of a domestic violence case. Please specify what you mean by 'successful resolution' in this case.

What is most likely to hinder effective multi-agency partnerships in Glasgow?

Any other comments about current arrangements for handling domestic violence cases or supporting victims in Glasgow:

Thank you very much for taking the time to complete this survey. Please return the survey by post to

*Amanda Robinson
School of Social Sciences
Glamorgan Building
King Edward VII Avenue
Cardiff CF10 3WT*

Or email your responses to robinsona@cardiff.ac.uk.

*Due to upcoming maternity leave, please complete and return your survey no later than **Friday 18th February, 2005.***

Appendix D

ASSIST Referral Intake Form

Client No:		Crime Ref No:	
Client Name:		Advocacy Worker:	
Accused Name:		Contact Number:	

Day & Date Received		Time Received	
--------------------------------	--	----------------------	--

Referrer		Station/ Agency	
-----------------	--	------------------------	--

Client Address and Postcode		Client DOB	
------------------------------------	--	-------------------	--

Ethnic Origin		Are the victim and accused residing together	
----------------------	--	---	--

Safe Contact Numbers	H	M
-----------------------------	----------	----------

Information about the incident provided by police

Any Special Circumstances: (for example immigration status, disability)

Children				Live there?	Witness?
Name		Age			
Name		Age			
Name		Age			
Name		Age			
Does the accused have access to the children?					

Risk Assessment

Questions	Yes/No
1. Does partner / ex- partner have a criminal record? If 'yes' is the record domestic abuse related?	
2. Has the current incident resulted injuries? If 'yes' does this cause significant concern?	
3. Has the incident involved the use of weapons? If 'yes' does this cause significant concern?	
4. Has partner/ex-partner access to any weapons?	
5. Is accused experiencing/recently experienced financial problems?	
6. Does the accused have / had problems with the following: Alcohol Mental Health Drugs	
7. Is the victim pregnant?	
8. Has the accused expressed / behaved in a jealous or displayed controlling ways? If 'yes' does this cause significant concern? Details:	
9. Has there been/going to be a relationship separation between the victim and the accused?	
10. Is there and conflict with partner / ex-partner over child contact? Details:	
11. Has the partner/ex-partner ever threatened to kill anybody? Himself Victim Children Other intimate partner Others (specify) If 'yes' does this cause significant concern?	
12. Has partner/ex-partner attempted to strangle/choke past or current partner?	
13. Is the abuse becoming worse and/or happening more often?	
14. Has the accused said or done things of a sexual nature that makes the victim feel bad or that physically hurts the victim? Details:	
15. How frightened is the victim? (Give victims perceptions of the situation indicating what they think the accused will do).	
16. Is the victim afraid of further injury or violence?	
17. Is the victim afraid that the accused will kill her?	
18. Is the victim afraid that the accused will harm her children?	
19. Does the victim have suicidal thoughts?	
20. Does the victim feel isolated from family / friends? Give details.	
Risk Classification	Total

Record of First Contact

Date		Time	
How Contacted		Contacted By	

Assessment of Immediate need and action taken / referrals made
Housing status
Assessment of Safety Issues
Other Agency Involvement
Has the client given permission for ASSIST to speak on her behalf in court if necessary? Yes / No

Referrals Made	WA		WS		CLC		VS		Crim Inj	
-----------------------	----	--	----	--	-----	--	----	--	----------	--

Court Outcomes

ID Date		TD Date		Special Conditions		Remanded	
ID Outcome							
TD Outcome							
SD Outcome							

Appendix E

**Multi Agency Action Planning
(MAAP)
Information Sharing
PROTOCOL**

**For the management of
very high risk domestic abuse cases in
Strathclyde Police 'G' Division**

March 2006

Prepared DS Fil Capaldi, Strathclyde Police, Family Protection Policy Unit

Consent to the disclosure/sharing of information

Agencies involved in the MAAP Process will, by virtue of agreeing to be involved in a multi-agency action planning meeting, be subject to an obligation to maintain the strictest levels of confidentiality with regard to the information discussed and of any plan agreed. The parties undertake that all confidential information shall be stored securely and that all personal information will be processed fairly and lawfully and in accordance with the requirements of the Data Protection Act 1998.

In all circumstances where it is viewed necessary to share information between agencies, every effort must be made to obtain the permission of the person whose information is to be shared for that information to be passed on where appropriate.

In all cases where an initial referral has been made to ASSIST by Strathclyde Police, consent is sought from the victim to make such a referral and it is made clear that the information with regards to that individual and the circumstances of the case may be shared with other agencies. The following guidance is provided to police officers in this regard –

“When you attend an incident where an individual is to appear at the Domestic Abuse Court, (whether from custody, on undertaking or by means of report) you will seek the victim’s consent and make a referral to ASSIST. The victim should be informed that a Domestic Abuse Court has been introduced in Glasgow and that their case will be heard in this Court.

The following wording will be used by police officers engaging with the victim

“I am going to refer you to ASSIST, a dedicated support service, which has been introduced as part of the Domestic Abuse Court in Glasgow. ASSIST will provide you with information, advice and support suited to your needs and may share information with other statutory and voluntary agencies. Do you give your consent for this referral to be made?”

*You should note the victim’s response and provide an update on the Vulnerable Persons Database and on the Crime Report. This information must also be included in the ‘Remarks’ section of the police report to the Procurator Fiscal. If the victim refuses consent for you to make such a referral, **NO referral will be made by Strathclyde Police.**”*

Disclosure of personal information without consent

Introduction

It is possible, and on occasions essential, for personal information to be disclosed without the consent of the data subject (in this case usually the victim or alleged perpetrator of domestic abuse or other family member affected by domestic abuse). However, this must be handled carefully as failure to observe the proper procedures could result in either or both parties being exposed to court action or to enforcement activity under Data Protection Act 1998, the Human Rights Act 1998, or at common law (e.g. for breach of confidence).

Data Protection Act 1998

Disclosure/sharing of personal information without the consent of the data subject can take place for a number of statutory purposes. Disclosure of some personal information is, under Data Protection Act 1998, expressly exempt from the non-disclosure provisions. The Data Protection Act 1998 therefore places no barrier to disclosure/sharing of such personal information. Typically, for purposes of this Protocol, this will involve personal information relating to the prevention of crime.

Personal information that is in the public domain, such as the conviction of an offender, which takes place in open court, will be exempt from the non-disclosure provisions of the Data Protection Act 1998.

Disclosure without consent may also take place if it complies with another condition specified in Schedule 2 of Data Protection Act 1998 (plus a further condition specified in Schedule 3, where sensitive personal data as defined in section 2 of the Act is being disclosed). However, there remains the requirement to comply with the Fair Processing Code, so where there is a disclosure under the Schedule 2/3 conditions the disclosure should be notified to the data subject. Again, there are certain statutory exceptions to this requirement but these mostly have to be decided and applied on a case by case basis. Legal advice should always be sought where there is a doubt.

Recipients of the information disclosed without consent will be made aware that it has been disclosed without consent, and will put agreed security procedures in place.

Human Rights Act 1998

Both the Court and Strathclyde Police are “public authorities” to which the Human Rights Act 1998 applies.

Article 8 of the European Convention of Human Rights provides:-

“Everyone has the right to respect for his private and family life, his home and his correspondence. There shall be no interference by a public authority with the exercise of this right except such as in accordance with the law and is necessary in a democratic society in the interests of national security, public safety or the economic well being of

the country, for the prevention of disorder or crime, for the protection of health or morals, or for the protection of the rights and freedoms of others.”

In the case of **Whiteside v UK (1994)**, it was commented ‘...*right to live a private life which is free from violence*’

In essence, the disclosure/sharing of information about a data subject to a third party without his consent, is potentially a breach of Article 8. Consequently where such a disclosure may require to be made, it is reasonable to start with the assumption that the public authority making the disclosure is potentially interfering with data subject’s rights. The Public Authority therefore must ensure that such disclosures are made in accordance with the following three principles in order to ensure that Article 8 is not breached:

- i) Is the decision to disclose within the party’s legal powers?
- ii) Is the party justified in making a particular decision? In order to do this, the party would require to stipulate the aim that it is trying to achieve (i.e. can the party justify its decision to disclose on the grounds that a disclosure is necessary for public safety; protection of health or morals; prevention of crime and disorder; protection of the rights and freedom of others etc.)
- iii) Even where the above two tests are satisfied, the party will require to apply the “*proportionality*” test. The party would require to determine if it was interfering with an individual’s rights in a minimal way to achieve the aim pursued. A balance must be attained therefore between the public interest and a data subject’s rights.

Disclosure/sharing of information with respect to domestic abuse will usually be for the prevention of disorder or crime or the protection of the freedoms and rights of others. Parties will however, be required to establish that the disclosure/sharing was appropriate for that purpose, and the disclosure/sharing was only to the extent necessary to achieve the purpose.

The provisions contained within the Articles of the Human Rights Act 1998 have a significant impact on the police service in terms of effectively addressing domestic abuse. In particular:

Article 2 – Right to Life

1. Everyone’s right to life shall be protected by law. No one shall be deprived of his life intentionally save in the execution of a sentence of a court following his conviction of a crime for which this penalty is provided by law.
2. Deprivation of life shall not be regarded as inflicted in contravention of this Article when it results from the use of force which is no more than absolutely necessary:
 - (a) in defence of any person from unlawful violence;
 - (b) in order to effect a lawful arrest or to prevent the escape of a person lawfully detained;

(c) in action lawfully taken for the purpose of quelling a riot or insurrection

In the case of *Osman v UK* (1999)(1 FLR 193), it was commented '*The state has a positive obligation to take preventative measures to protect an individual who is at risk from the criminal activities of others and to conduct an effective and independent investigation, which is capable of leading to the identification and prosecution of the offender*'

Article 3 – Right to be free from torture or inhuman or degrading treatment

In the case of *Z and others v UK (2001)*, it was commented 'Authorities must take steps to prevent ill treatment of which the authorities had or ought to have had knowledge'

Common Law Duty of Confidentiality

Scots law recognises a general obligation not to disclose/share information given in confidence. There is no limit on the type of information that is protected; it is the fact that it is given in confidence that is important.

Unless there is a sufficiently robust public interest justification for disclosing/sharing identifiable information that has been provided in confidence, then the consent of the individual concerned should be gained. Where no consent is gained, then the need for confidentiality would require to be balanced against countervailing public interests. The prevention of crime is accepted as one of those interests.

However, whilst it is recognised that the commitment to the principle of confidentiality is paramount, this commitment may not always be appropriate where the welfare of a child/young person/vulnerable adult is concerned.

Conclusion

If personal information is disclosed/shared without consent, then full details will be recorded about the information disclosed/shared, whether this information is opinion or fact, the reasons why the decision to disclose/share was taken, the person who authorised the disclosure/sharing and the person(s) employed by the other party to whom it was disclosed/shared.

Appendix F

RISK CORRELATION MATRIX

	Q1	Q1a	Q2	Q2a	Q3	Q3a	Q4	Q5	Q6a	Q6b	Q6c	Q7	Q8	Q8a	Q9	Q10	Q11a	Q11b	Q11c	Q11d	Q11e	Q12	Q13	Q14	Q15	Q16	Q17	Q18	Q19	Q20	
Q1 criminal record	1.00																														
Q1a DA criminal record	0.52	1.00																													
Q2 injuries	-0.02	0.00	1.00																												
Q2a injuries cause concern	0.02	0.12	0.42	1.00																											
Q3 use of weapons	0.06	0.06	0.12	<i>0.11</i>	1.00																										
Q3a weapons cause concern	0.00	-0.03	0.06	0.21	0.34	1.00																									
Q4 access to weapons	0.19	0.13	-0.02	0.09	0.23	<i>0.11</i>	1.00																								
Q5 financial problems	-0.01	-0.07	-0.01	-0.04	-0.08	-0.04	-0.01	1.00																							
Q6a perp alcohol problems	0.14	0.02	-0.06	0.03	0.03	-0.03	-0.04	0.01	1.00																						
Q6b perp drug problems	0.12	0.05	0.06	0.00	-0.01	-0.01	0.07	0.08	-0.06	1.00																					
Q6c perp mental health	0.02	0.04	0.08	0.02	0.03	0.02	0.07	0.03	0.01	0.09	1.00																				
Q7 victim is pregnant	-0.05	-0.03	-0.04	0.01	0.03	-0.03	0.03	0.04	-0.07	0.05	0.03	1.00																			
Q8 perp is jealous/controlling	0.16	0.14	0.03	0.03	0.07	0.01	0.12	0.06	<i>0.10</i>	0.04	0.07	-0.08	1.00																		
Q8a jealousy causes concern	0.13	0.19	-0.08	0.06	-0.03	0.09	0.09	-0.02	0.03	0.04	0.04	-0.02	0.18	1.00																	
Q9 relationship separation	0.19	0.10	0.06	-0.03	0.01	0.02	0.05	<i>0.10</i>	0.01	0.08	<i>0.10</i>	-0.06	0.40	0.08	1.00																
Q10 child contact issues	0.14	<i>0.11</i>	-0.04	-0.11	-0.01	-0.01	0.04	<i>0.10</i>	-0.04	<i>0.10</i>	-0.01	0.00	0.21	<i>0.10</i>	0.29	1.00															
Q11a threatened to kill himself	<i>0.09</i>	<i>0.10</i>	-0.02	0.02	0.02	0.05	0.00	0.14	0.06	0.05	0.14	0.02	0.19	0.07	0.13	<i>0.10</i>	1.00														
Q11b threatened to kill victim	0.15	<i>0.11</i>	0.02	0.02	<i>0.10</i>	0.07	0.13	-0.01	<i>0.11</i>	0.08	0.18	-0.09	0.20	0.17	0.17	0.13	0.14	1.00													
Q11c threatened to kill children	0.08	0.13	-0.04	-0.02	0.15	0.05	0.14	-0.05	-0.11	-0.06	-0.03	-0.03	0.08	-0.01	0.04	0.14	-0.05	0.28	1.00												
Q11d threatened to kill other partner	0.06	-0.01	-0.04	-0.04	0.02	0.11	-0.03	-0.03	-0.03	-0.04	-0.04	-0.02	0.06	0.11	0.06	0.03	0.12	0.17	-0.02	1.00											
Q11e threatened to kill others	0.04	0.02	-0.01	0.08	0.01	-0.02	0.04	-0.03	0.07	-0.04	0.13	-0.02	0.03	<i>0.10</i>	0.06	0.01	-0.03	0.25	<i>0.09</i>	-0.01	1.00										
Q12 strangle/choke	0.13	0.07	0.18	0.19	0.01	-0.06	0.09	0.08	0.04	0.00	0.06	0.04	<i>0.11</i>	-0.01	0.14	-0.01	0.07	0.15	-0.06	0.03	0.08	1.00									
Q13 escalation of abuse	0.08	0.17	0.07	0.02	0.01	-0.01	0.06	0.01	0.17	-0.05	0.13	-0.10	0.40	0.13	0.29	<i>0.11</i>	<i>0.10</i>	0.18	<i>0.09</i>	0.00	<i>0.09</i>	<i>0.09</i>	1.00								
Q14 sexual abuse	0.01	0.01	<i>0.10</i>	0.08	-0.06	-0.05	0.04	-0.01	0.01	0.01	0.04	-0.01	0.14	0.03	0.08	0.05	0.06	0.06	-0.05	0.05	<i>0.11</i>	0.19	0.18	1.00							
Q15 victim very frightened	0.22	0.18	0.06	0.07	0.05	0.06	0.13	0.07	0.03	<i>0.10</i>	0.12	-0.06	0.43	0.11	0.36	0.24	0.19	0.23	0.05	0.01	0.06	0.17	0.39	0.12	1.00						
Q16 afraid of further injury/violence	0.30	0.22	0.05	-0.04	0.01	-0.04	0.16	0.03	<i>0.09</i>	0.07	0.06	-0.10	0.42	<i>0.10</i>	0.37	0.29	0.23	0.30	<i>0.11</i>	0.05	<i>0.11</i>	<i>0.11</i>	0.43	0.08	0.61	1.00					
Q17 afraid of being killed	0.23	0.25	0.07	0.13	0.08	0.02	0.13	0.00	0.12	0.07	0.13	-0.10	0.30	0.12	0.22	0.23	0.28	0.42	0.17	<i>0.11</i>	0.14	0.23	0.25	0.17	0.37	0.43	1.00				
Q18 afraid for children	0.17	0.16	-0.07	-0.02	0.12	0.03	0.21	0.04	-0.06	0.12	0.05	-0.07	0.19	<i>0.10</i>	0.18	0.30	<i>0.11</i>	0.15	0.33	0.03	0.08	-0.04	0.18	0.02	0.20	0.28	0.31	1.00			
Q19 suicidal thoughts	<i>0.09</i>	0.08	0.05	0.03	-0.03	-0.03	0.05	-0.04	0.03	0.03	0.01	-0.03	0.08	0.13	0.06	<i>0.09</i>	0.04	0.13	-0.03	-0.02	<i>0.10</i>	0.07	0.03	<i>0.10</i>	<i>0.10</i>	0.16	0.21	0.02	1.00		
Q20 victim is isolated	0.04	-0.01	0.12	-0.01	0.00	-0.02	0.01	<i>0.11</i>	0.04	0.02	0.01	-0.05	0.17	-0.01	0.09	0.06	0.04	0.07	0.02	-0.01	0.03	0.01	0.15	0.02	0.17	0.21	0.16	0.16	0.16	1.00	

N=463

Boldface indicates the Pearson correlation is significant at the 0.01 level (2-tailed).

Italics indicates the Pearson correlation is significant at the 0.05 level (2-tailed).